

BAYLOR INSTITUTE FOR STUDIES OF RELIGION CASE STUDY

ASSESSING THE FAITH-BASED RESPONSE TO  
HOMELESSNESS IN AMERICA:  
FINDINGS FROM ELEVEN CITIES



BAYLOR INSTITUTE FOR  
Studies of Religion

PROGRAM ON PROSOCIAL BEHAVIOR  
BAYLOR INSTITUTE FOR STUDIES OF RELIGION

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## EXECUTIVE SUMMARY:

It has been argued that poverty, social-class disparities, and poor social conditions are the world's most pervasive public health problem and thus responsible for an enormous toll in health-related suffering. Poverty leads to disparities in morbidity, mortality, and disability, in terms of both physical and mental health. And poverty is directly linked to homelessness.

The report was undertaken to provide an initial, credible estimate of the impact, socially and economically, of faith-based organizations (FBOs) in eleven cities across the country in responding to homelessness. The primary findings for the report focus on measuring the impact on homelessness by means of the percentage of emergency shelter beds provided through FBO homeless ministries, measured through Housing and Urban Development's (HUD) Housing Inventory Count (HIC).<sup>1</sup>

In addition to laying the foundation for a more in-depth, comprehensive, and rigorous study in the future, this report includes a 3-year Return-on-Investment (ROI) projection of taxpayer savings, specifically focused on homeless ministries involved in Residential Recovery and Job Readiness (RRJR) programs (referred to by HUD as Transitional Housing). Future studies should also include taxpayer savings associated with FBO provided Emergency Shelter and medical recuperative beds.

This study focused on the following eleven U.S. cities: Atlanta, Baltimore, Denver, Houston, Indianapolis, Jacksonville, Omaha, Phoenix, Portland, San Diego, and Seattle. In each of the cities we collected data from various sources: 1) FBO provided Emergency Shelter (ES) beds as a percentage of total ES beds in each locale; 2) Interviews conducted during site visits. For example, we talked to the following groups: Gospel Rescue Missions, Salvation Army, Catholic Charities, Family Promise, Jewish Family/Community Services, Volunteers of America, Other Local FBOs serving Homeless men, women and children, and the local HUD-sponsored Continuum of Care lead agency; and 3) Surveys in each city allowed us to estimate taxpayer savings associated with FBO-provided Residential Recovery and Job Readiness programs (often referred to as Transitional Housing Programs by HUD).

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<sup>1</sup> See Appendix I for a glossary of all acronyms used in the study.



**Key Findings:**

- Almost 60% of the Emergency Shelter Beds, what many consider the 'safety net of all safety nets' for the homeless, are provided through faith-based organizations.
- What Government agencies and Public Policy makers see as the cause of homelessness; namely, the lack of housing, many FBOs see as a symptom of a deeper problem. As one FBO service provider told us: "People don't become homeless when they run out of money, at least not right away. They become homeless when they run out of relationships."
- FBO homeless ministries are at the forefront of program innovation and organizational transformation for improving positive outcomes for the homeless individuals and families served.
- Housing First policies do not always effectively engage with Faith-Based Organizations, especially congregation-based efforts that do not seek federal funding.
- There are other FBOs serving homeless men and women, especially those struggling with addictions, which are operating "under the radar" and are not included in HUD's HIC or the Point-In-Time (PIT) homeless count.
- The program outcomes for successful participants from FBO Residential Recovery and Job Readiness programs in these eleven cities generate an estimated \$119 million in taxpayer savings during the three years following program exit.

## INTRODUCTION

As of January 2015, the number of people in America experiencing homelessness was 564,708.<sup>1</sup> When we refer to people who are homeless, technically speaking, we are referring to those sleeping outside or in an emergency shelter or transitional housing program.<sup>2</sup> According to a number of research reports, homelessness has been decreasing overall in recent years.<sup>3</sup> This trend, however, is not true for all states or regions of the country. For example, 33 states and the District of Columbia (D.C.) reported decreases in overall homelessness, while 16 states reported increases.<sup>4</sup> It is noteworthy that the national decrease in unsheltered homelessness has been driven largely by decreases in homelessness in just three states (Florida, Texas, and Georgia). For 2015, the national rate of homelessness stood at 17.7 homeless people per 10,000 people in the general population. The rates in individual states vary greatly, ranging from 111 (per 10,000) in Washington, D.C., to 7 in Mississippi.<sup>5</sup>

### ***Why is Homelessness Difficult to Eradicate?***

Poverty in America remains a persistent problem and a major factor, among many others, influencing the likelihood of becoming homeless. Indeed, five decades removed from the War on Poverty, many of the conditions affecting the poor in America have worsened rather than improved; this fact is especially true for African Americans.<sup>6</sup> As of 2015, one in six Americans lives in poverty. Stated differently, approximately 47 million citizens fall below the official poverty line. Managing to pay for housing, food, childcare, health care, and education is a daunting task for the nation's poor. One can make the argument that living on the streets is a more likely prospect today than it was in the 1960s for many Americans living in poverty. Clearly, any strategy to reduce homelessness must consider first and foremost how to help the poor escape poverty.

The inability to find employment obviously plays another critical role in keeping so many Americans in poverty. Regrettably, even when people find work, often times it is in low-paying jobs that make it difficult to break away from the ranks of poverty. In addition to the lack of employment opportunities, the lack of affordable housing continues to be a predictor of homelessness. And in recent years,

1 The State of Homelessness in America 2016 (April 2016). National Alliance to End Homelessness. Washington, DC.

2 HUD changed the official definition of homeless in 2012, as reflected in the Homeless Emergency Assistance and Rapid Transition to Housing Act. The new definition includes four broad categories of homelessness: 1) People who are living in a place not meant for human habitation, in emergency shelter, in transitional housing, or are exiting an institution where they temporarily resided. The only significant change from existing practice is that people will be considered homeless if they are exiting an institution where they resided for up to 90 days (it was previously 30 days) and were in shelter or a place not meant for human habitation immediately prior to entering that institution; 2) People who are losing their primary nighttime residence, which may include a motel or hotel or a doubled up situation, within 14 days and lack resources or support networks to remain in housing. HUD had previously allowed people who were being displaced within 7 days to be considered homeless. The proposed regulation also describes specific documentation requirements for this category; 3) Families with children or unaccompanied youth who are unstably housed and likely to continue in that state. This category of homelessness is new, and it applies to families with children or unaccompanied youth who have not had a lease or ownership interest in a housing unit in the last 60 or more days, have had two or more moves in the last 60 days, and who are likely to continue to be unstably housed because of disability or multiple barriers to employment; and 4) People who are fleeing or attempting to flee domestic violence, have no other residence, and lack the resources or support networks to obtain other permanent housing. This category is similar to the current practice regarding people who are fleeing domestic violence.

3 See for example, The Family Options Study: Short-Term Impacts of Housing and Services Interventions for Homeless Families (2015), U.S. Department of Housing and Urban Development, Office of Policy Development and Research.

4 The State of Homelessness in America 2016 (April 2016). National Alliance to End Homelessness. Washington, DC.

5 The State of Homelessness in America 2016 (April 2016). National Alliance to End Homelessness. Washington, DC.

6 Acs, Gregory, Braswell, K., Sorenson, E., and Turner, Margery A. (2013). The Moynihan Report Revisited. The Urban Institute: Washington, DC.

foreclosures have contributed to the number of people who have experienced homelessness.<sup>7</sup> Thus, securing gainful employment and independent housing are keys to reducing poverty and homelessness.

Domestic violence also plays a significant role in contributing to homelessness. Battered women who flee abusive relationships are often unable to find employment or independent housing and many end up among the ranks of the poor with the very real possibility of becoming homeless.<sup>8</sup> Research confirms that many battered women stay in abusive relationships because they do not have the wherewithal to find employment and independent housing for themselves and their children.<sup>9</sup> Indeed, 50 percent of the cities surveyed by the U.S. Conference of Mayors identified domestic violence as a primary cause of homelessness (2005). Consequently, efforts to address homelessness must take into consideration successful efforts to end domestic violence and assist battered women and their children in finding jobs and independent housing and thereby become self-sufficient.<sup>10</sup>

Addiction is a major public health problem in the United States,<sup>11</sup> and there is compelling empirical evidence that addiction is at least partially linked to homelessness as well as a host of other related social problems. Tragically, the greatest increase in alcohol and other drug use (AOD) disorders is among youth.<sup>12</sup> Ease in access to harder street drugs including methamphetamines, the overabundance of prescription medications, and the increasing prevalence of marijuana enhance the conditions for youth to use controlled substances.<sup>13</sup> Drinking and drug use during adolescence curtails brain development and longevity. If addiction does not cause death from medical problems or overdose, it can propel a downward life trajectory of school drop-out, homelessness, increased criminal offending, and incarceration.<sup>14</sup>

Although incarceration is not often discussed as a factor associated with homelessness, there are multiple connections linking the two. For example, we know addiction is connected to the problem of homelessness, and we know substance-involved offenders represent a significant portion of the prison population.<sup>15</sup> Indeed, among convictions leading to a prison sentence, drug crimes represent the single largest offense category (49%) impacting the total prison population.<sup>16</sup> Unfortunately, the relationship between high incarceration rates and high levels of homelessness is often overlooked. This neglect is regrettable since the challenges of ef-

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7 U.S. Department of Housing and Urban Development, Report to Congress on the Root Causes of the Foreclosure Crisis, January 2010; Ingrid Gould Ellen, "The Foreclosure Crisis: Origins, Consequences, and Responses" (conference presentation, Grand Rounds, Columbia Center for Homelessness Prevention Studies, New York, NY, December 9, 2010).

8 Neil Websdale (2001). *Policing the Poor: From Slave Plantation to Public Housing*. Boston, MA: Northeastern University Press.

9 Kernic, M.A. et al., (2003). "Behavioral Problems among Children whose Mothers are Abused by an Intimate Partner," *Child Abuse and Neglect* 27: 1231-1246.

10 Websdale, N. and Johnson, B. R. (1997). "The Policing of Domestic Violence in Rural and Urban Areas: Listening to the Voices of Battered Women in Kentucky," *Policing and Society: An International Journal of Research and Policy* (6): 297-317; Websdale, N. and Johnson, B. R. (1997). "An Ethnostatistical Comparison of the Forms and Levels of Woman Battering in Rural and Urban Areas in Kentucky," *Criminal Justice Review* 23 (2):161-196; Websdale, N. and Johnson, B. R. (1998) "Reducing Woman Battering: The Role of Structural Approaches," *Social Justice* 24 (1):54-81; Websdale, N. and Johnson, B. R. (1997). "The Exposure of Battered Women to the Risk Factors Associated with HIV Infection," *The Justice Professional* 10 (2): 183-198; Hunger and Homelessness Survey - A Status Report on Hunger and Homelessness in America's Cities: A 22-City Survey (2015). The United States Conference of Mayors.

11 Bouchery, Ellen E., Henrick, M. S., Harwood, J., Sacks, J. J., Carol J. Simon, C. J., and Brewer, R. D. (2011). Economic Costs of Excessive Alcohol Consumption in the U.S., 2006." *American Journal of Preventive Medicine* 41 (5): 516-524.

12 Pagano, M. E., White, W. L., Kelly, J. F., Stout, R. L., & Tonigan, J. S. (2013). 10-year course of Alcoholics Anonymous participation and long-term outcomes: A follow-up study of out-patient subjects in Project MATCH. *Substance Abuse* 34: 51-59.

13 Hurley, William and Suzan Mazor (2013). "Anticipated Medical Effects on Children from Legalization of Marijuana in Colorado and Washington State: A Poison Center Perspective." *JAMA Pediatrics* 167(7):602-603.

14 Miniño, A. M., Jiaquan Xu, and Kochanek, K. D. (2010). "Deaths: Preliminary Data for 2008." *National Vital Statistics Report* 59: 1-52; Bonnie, R. J. and O'Connell, M. E. (2004). "Reducing Underage Drinking: A Collective Responsibility." National Research Council (US) and Institute of Medicine (US) Committee on Developing a Strategy to Reduce and Prevent Underage Drinking.

15 Mumola, C. J. and Karberg, J. C. (2006). *Drug Use and Dependence, State and Federal Prisoners, 2004*, NCJ 213530. Washington, DC: Bureau of Justice Statistics, Office of Justice Programs, U.S. Department of Justice.

16 Harrison, P. M. and Allen J. Beck (2006). *Prisoners in 2005*, Bureau of Justice Statistics Bulletin, U. S. Department of Justice, Office of Justice Programs.

fectively reintegrating homeless men and women and ex-prisoners back into society as productive citizens are very similar.

Since the 1970s, the United States prison population has grown by over 700 percent.<sup>17</sup> While some would argue this dramatic growth has kept crime rates in check, there is compelling evidence that relying so heavily on incarceration has had unintended and harmful social as well as economic consequences for disadvantaged families.<sup>18</sup> When a parent is incarcerated, children's lives can be disrupted in tragic ways.<sup>19</sup> Children of prisoners may end up in foster care placement.<sup>20</sup> Repeated changes in family structure due to parental incarceration can be disruptive and even harmful in children's lives.<sup>21</sup> Consider that children of prisoners are more likely to observe parental substance abuse, perform poorly in school, and experience poverty and disadvantage.<sup>22</sup> Taken together, these debilitating factors can lead children of prisoners to experience much higher rates of criminal behavior and subsequent incarceration. Therefore, the impact of one person's incarceration may be felt by families and communities for decades,<sup>23</sup> which translates into a costly cyclical pattern of incarceration and homelessness and an enormous liability for U.S. taxpayers.<sup>24</sup> In sum, incarceration is associated with myriad harmful outcomes that, in many instances, actually reinforce a cycle of abuse, addiction, poverty, incarceration, and homelessness.<sup>25</sup>

Though rarely acknowledged in the academic literature, empirical scholarship indicates that other influences -- like marriage and faith<sup>26</sup> -- can be important protective factors that lessen the likelihood of poverty and, by extension, homelessness. On average, religion tends to be a force for good when it comes to healthy family functioning and the welfare of children as well as other important aspects of our day-to-day lives. Research indicates that among Americans who regularly attend services at a church, synagogue, temple, or mosque are less likely to cheat on their partners;<sup>27</sup> less likely to abuse them;<sup>28</sup> more likely to enjoy happier marriages;<sup>29</sup> less likely to have been divorced;<sup>30</sup> and less likely to live in poverty.<sup>31</sup>

17 A 2008 report by Pew's Public Safety Performance Project detailed how, for the first time in history, more than one in every 100 adults in America were in jail or prison -- a fact that significantly impacts state budgets without delivering a clear return on public safety.

18 Wakefield, Sara and Christopher Wildeman (2013). *Children of the Prison Boom: Mass Incarceration and the Future of American Inequality*. New York, NY: Oxford University Press; Wildeman, Christopher and Christopher Muller (2012). "Mass Incarceration and Inequality in Health and Family Life." *Annual Review of Law and Social Science* 8:11-30; Wang, Emily A., and Christopher Wildeman (2011). "Studying Health Disparities by Including Incarcerated and Formerly Incarcerated Individuals." *JAMA* 305: 1708-1709; Wildeman, Christopher (2010). "Paternal Incarceration and Children's Physically Aggressive Behaviors: Evidence from the Fragile Families and Child-Wellbeing Study." *Social Forces* 89:285-310; Wildeman, Christopher and Bruce Western (2010). "Incarceration in Fragile Families." *The Future of Children* 20: 1570177; Wildeman, Christopher (2009). "Parental Imprisonment, the Prison Boom, and the Concentration of Childhood Disadvantage." *Demography* 46: 265-280.

19 Elizabeth Johnson and Jane Waldfogel (2002). *Children of Incarcerated Parents: Cumulative Risk and Children's Living Arrangements*. JPCR Working Paper #306. Chicago: Joint Center for Poverty Research, Northwestern University/University of Chicago; Wildeman, Christopher and Kristin Turney (2014). "Positive, Negative, or Null? The Effects of Maternal Incarceration on Children's Behavioral Problems." *Demography* 51: 1041-1068.

20 Lauren Glaze and Laura M. Maruschak (2008). *Parents in Prison and Their Minor Children*. Bureau of Justice Statistics, Special Report. Washington, DC: U.S. Department of Justice, Office of Justice Programs.

21 Elizabeth Johnson and Jane Waldfogel (2002). *Children of Incarcerated Parents: Cumulative Risk and Children's Living Arrangements*. JPCR Working Paper #306. Chicago: Joint Center for Poverty Research, Northwestern University/University of Chicago.

22 John Hagan and Ronit Dinovitzer (1999). "Collateral Consequences of Imprisonment, Communities and Prisoners," in Michael Tonry and Joan Petersilia (eds.). *Crime and Justice*, Volume 26. Chicago, IL: University of Chicago Press.

23 Katherine Gabel and Denise Johnston (1995). *Children of Incarcerated Parents* (eds.). New York: Lexington Books.

24 Wildeman, Christopher (2014). "Parental Incarceration, Child Homelessness, and the Invisible Consequences of Mass Imprisonment." *Annals of the American Academy of Political and Social Science* 65 1:74-96; Christopher and Kristin Turney (2014). "Positive, Negative, or Null? The Effects of Maternal Incarceration on Children's Behavioral Problems." *Demography* 51: 1041-1068.

25 Turney, Kristen and Christopher Wildeman (2013). "Redefining Relationships: Explaining the Countervailing Consequences of Paternal Incarceration for Parenting Quality." *American Sociological Review* 78: 949-979; Lee, Hedwig and Christopher Wildeman (2013). "Things Fall Apart: Health Consequences of Mass Imprisonment for African American Women." *Review of Black Political Economy* 40: 39-52; Christopher and Kristin Turney (2014). "Positive, Negative, or Null? The Effects of Maternal Incarceration on Children's Behavioral Problems." *Demography* 51: 1041-1068; Wildeman, Christopher (2014). "Parental Incarceration, Child Homelessness, and the Invisible Consequences of Mass Imprisonment." *Annals of the American Academy of Political and Social Science* 65 1:74-96.

26 Wilcox, W. Bradford (2011). *Why Marriage Matters: Thirty Conclusions from the Social Sciences* (3rd Edition). New York, NY: Broadway Publications.

27 Burdette, Amy, Ellison, Christopher, Sherkat, Darren, and Gore, Kurt. (2007). "Are There Religious Variations in Marital Infidelity?" *Journal of Family Issues* 28, 1553-1581.

28 Wilcox, W. B. (2004). *Soft Patriarchs, New Men: How Christianity Shapes Fathers and Husbands*. Chicago, IL: University of Chicago Press.

29 Lichter, D. T. and Carmalt, J. H. (2009). "Religion and marital quality among low-income couples." *Social Science Research* 38: 168-187.

30 Wright, B. (2015). "What God Has Joined Together: Religion and the Risk of Divorce." *Family Studies*, The Blog of the Institute for Family Studies.

31 Wilcox, W. B. and Wolfinger, N. H. (2015). *Soul Mates: Religion, Sex, Love, and Marriage Among African Americans and Latinos*. New York, NY: Oxford University Press.

It is the case that there are thousands of studies from a host of disciplines that document the protective impact of faith on a host of deleterious outcomes including depression, hypertension, mortality, suicidal ideation, poor physical health as well as mental health, and crime.<sup>32</sup> Each of these outcomes is especially relevant for disadvantaged populations. Moreover, hundreds of studies also document the role of the faith factor in producing prosocial behavior.<sup>33</sup>

But we have a paradox. On the one hand, we have a very significant body of empirical evidence showing that the practice of one's faith tends to protect people from harm while also promoting positive behavior for individuals and families. On the other hand, a review of federally funded studies on homelessness reveals that faith as well as marriage remain largely overlooked as factors that might reduce addiction, abuse, and homelessness. This oversight is unfortunate because it largely ignores interventions or factors that might be helpful, at least in certain populations, in addressing these difficult social problems. We take the position that any effective response to homelessness requires constant reevaluation. Taxpayers, scholars, and policy makers alike should have a serious interest in determining what works and what does not when it comes to reducing homelessness. To that end, the current eleven city study seeks to provide preliminary evidence of the role and reach of faith-based organizations in responding to the national problem of homelessness.

## ***Housing First***

One of the most significant factors affecting how local faith based organizations can contribute to ameliorating the problem of homelessness is a HUD initiative, commonly referred to as Housing First. Because of its sheer size and government sponsorship, HUD's Housing First Initiative represents a significant and pervasive presence in addressing the needs of the homeless on a local level. As a result, national HUD policies have tremendous influence on local FBO strategies, decision-making and priorities. As explained by HUD:

*Housing First is an approach to quickly and successfully connect individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry, such as sobriety, treatment or service participation requirements.<sup>34</sup>*

Referred to by several practitioners in this study, Housing First's impact on eligibility and resource allocations for homeless men and women and their families has generated significant consternation among a number of faith based ministries addressing homelessness. The implementation of Housing First has led to a significant shift of federal dollars away from Transitional Housing programs and towards other programs, such as Permanent Supportive Housing (PSH)<sup>35</sup> and Rapid Re-Housing (RRH).<sup>36</sup> As Chasz Parker, CEO and President of

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<sup>32</sup> Koenig, H. G., King, D. E., and Carson, V. B. (2012). *Handbook of Religion and Health* (Second Edition). New York, NY: Oxford University Press.

<sup>33</sup> Johnson, B. R., Thompkins, B., and Webb, D (2008). *Objective Hope - Assessing the Effectiveness of Faith-Based Organizations: A Review of the Literature*. Special Report. Baylor University, Baylor Institute for Studies of Religion.

<sup>34</sup> HUD and USICH: *Core Principles of Housing First and Rapid Re-Housing Webinar* (7/22/2014). Presenters: Ann Oliva, U.S. Department of housing and Urban Development Community Planning and Development Office of Special Needs Assistance Programs (HUD CPD/SNAPS); Richard Cho, U.S. Interagency Council on Homelessness (USICH); and Lindsay Knotts, U.S. Interagency Council on Homelessness (USICH).

<sup>35</sup> Permanent Supportive Housing (PSH) is a program that helps eligible people find a permanent home and also get local mental health services but only if and when they need that help. PSH's intent is to boost a person's power to choose their own living arrangements and get services that are flexible based upon the support they need at any given time.

<sup>36</sup> Rapid Re-Housing is a relatively recent innovation in social policy that is an intervention designed to help those who are homeless. As described by the National Alliance to End

Christian Community Action, with an extensive history as a homeless service provider, described:

*Federal dollars shifted to the Housing First model as a way of lowering cost of service over what is perceived as a more costly model of shelters and transitional housing. The Housing First proponents claimed lower costs and higher efficacy in reducing homelessness. In early 2000, Housing First became the new 'silver bullet' for solving the needs of homelessness, alongside the Federal government's public declaration of the goal of ending homelessness in ten years.*

The central purpose of this study is to assess the role that FBOs play in meeting the needs of homeless men, women and families. It is NOT intended as a critique or evaluation of the relative effectiveness of Housing First policies in reducing homelessness. Nonetheless, Housing First is, due to its significant and pervasive effect on the resource prioritization of federal funds to address homelessness, the proverbial 'elephant in the room', and was a constant theme in our interviews, particularly in relation to FBO efforts to collaboration with public agencies.

Apart from questions about the relative efficacy of PSH, RRH and other strategies for reducing homelessness, Housing First undoubtedly represents a significant increase in the influence of national and centralized HUD policies on local decision-making in this matter, for better or worse. As such, there are many references to Housing First that surfaced in our interviews, and are represented in the comments and quotes from a variety of FBO practitioners in this study.

## **Background**

This section outlines the approach taken for the quantitative and qualitative data collection and analysis with respect to the impact of faith-based organizations (FBOs) on the problem of homelessness in the United States. The eleven cities shown below were chosen partly to provide geographic representation and partly to showcase exemplary faith-based homeless ministries across the country. Having said that, it should be pointed out that the number of faith-based organizations in a city was not a criterion in the selection. In fact, some of the cities selected were known to have environments that were less than friendly towards faith-based organizations seeking to provide new homeless services initiatives. Other cities, however, had environments that were very welcoming and supportive of the efforts of faith-based organizations. The cities selected for this study are as follows:

- Atlanta, GA
- Baltimore, MD
- Denver, CO
- Houston, TX
- Indianapolis, IN

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Homelessness, Rapid Re-Housing is a subset of the Housing First approach to end homelessness. While many Housing First programs provide rental assistance, or help clients to access rent subsidies, Rapid Re-Housing programs always provide short-term rental assistance and services, with services ending once rental assistance terminates.

- Jacksonville, FL
- Omaha, NE
- Phoenix, AZ
- Portland, OR
- San Diego, CA
- Seattle, WA



## ***Faith-Based Organizations Defined***

Over the years, Faith-Based Organizations (FBOs) have been defined in many ways for many different purposes. Policy makers, researchers, and government agencies all have various criteria to consider when defining the term "Faith Based Organization," especially since the establishment of the White House Office of Faith-Based and Community Initiatives under President George W. Bush in 2001, and continued under President Obama as the White House Office of Faith-Based and Neighborhood Partnerships. For the purposes of this report, an FBO is defined as an organization for which a particular faith (e.g., Christian, Jewish, etc.) serves as the primary motivation to serve individuals and families experiencing homelessness. This definition includes organizations which require participation in religious activities (e.g., Bible studies, worship, etc.), organizations that provide religious activities on a voluntary basis, and those organizations that do not provide any type of explicitly religious activities but whose employees are primarily motivated by their faith to serve others.





In the context of the Christian faith, for example, many of the staff working in all three of these types of organizations considers their service as a form of worship:

*...I tell you the truth, whatever you did for one of the least of these brothers of mine, you did for me. (Matthew 25:40, NIV)*

## METHODOLOGY

There were three data collection components to this study, as follows:

1. FBO-provided Emergency Shelter (ES) beds as a percentage of total ES beds;
2. Site visits and interviews; and
3. Estimated taxpayer savings associated with FBO-provided Residential Recovery and Job Readiness programs (RRJR programs)<sup>37</sup> by means of a self-reported survey.

### 1. FBO-Provided Emergency Shelter Beds

This component of data collection and analysis for the current study utilizes information provided to the United States Department of Housing and Urban Development (HUD) by the lead Continuum of Care (CoC)<sup>38</sup> agency in each of the cities.<sup>39</sup> The dataset we used for this purpose is called the Housing Inventory Count (HIC), which indicates, among other things, the number of Emergency Shelter (ES) beds in the city, regardless of whether they are funded by HUD or not. Once we received the HIC data, we then applied the aforementioned definition to determine which organizations qualified as FBOs. We then consulted with one of the lead FBO homeless service providers in that city (most often a gospel rescue mission) to review and validate our selections.<sup>40</sup> While this study focuses on the reach of faith-based organizations, it is worth noting that it does not include the work of many churches, temples, synagogues, and mosques throughout each city, to provide meals, clothing, furniture, counseling, childcare, transportation and more.

### 2. Site Visits

We conducted site visits to each of the eleven cities between April and August of 2016 (Appendix II provides a listing of those interviewed by city). These interviews generally centered around two major discussion themes:

- Organizational Profile – This aspect of the interview focused on the organization's philosophy and beliefs about the nature of homelessness, their approach to redressing those issues, and the types of populations they serve; and

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<sup>37</sup> Residential Recovery and Job Readiness programs (RRJR), often referred to as Transitional Housing programs by HUD, generally have longer lengths of stay than Emergency Shelter beds and involve curriculum, mentoring, accountability, and case management, among other things.

<sup>38</sup> A Continuum of Care is a regional or local planning body that coordinates housing and services funding for homeless families and individuals.

<sup>39</sup> The lead CoC agency is typically a non-profit organization selected by HUD through a competitive application process to coordinate funding requests for HUD and to serve as a hub of collaboration among homeless providers in that particular city or region.

<sup>40</sup> Our original intent was to measure the contribution of FBOs by means of each city's Homeless Management Information System (HMIS), used by each CoC to track and monitor the homeless population they reached. We discovered, however, that many FBOs which did not receive any HUD funding have chosen not to use HMIS, often opting to maintain their own data system to capture project management and measurement needs appropriately.

- Collaboration – For this theme, we asked organizations to provide examples of their collaboration with public agencies (primarily with city government and the HUD-sponsored Continuums of Care - CoCs - and with other faith-based and community organizations. In respect to collaboration with public agencies, we provided interviewees with an explanation of the concept of civic pluralism,<sup>41</sup> which refers to a process by which public and private organizations, governed by different sets of belief, are able to come together to address one or more social problems, such as homelessness, without impinging on the other's beliefs and values. We asked questions regarding:
  - Where and how FBOs play a leadership role in addressing homelessness in their city; and
  - How well public and private/non-profit homeless and housing organizations work together in their city overall. In our interviews, this topic often centered on how FBOs minister to homeless men and women and families in concert with, as well as apart from, HUD's Housing First initiative.

### 3. Estimating the Financial Impact of FBO Program Outcomes as Measured by Taxpayer Savings

As described in #1 above, one way to measure the role of FBOs in the world of homelessness is based on the percentage of emergency shelter beds that they provide in a given city. A more pertinent measure, however, especially from a public policy perspective, is the degree to which positive outcomes for clients participating in FBO programs (i.e., RRJR programs) reduce the burden on government (e.g., law enforcement, public assistance, healthcare) and, by extension, the taxpayers that fund those government programs at the local, state, and federal levels.

Our initial review of the key areas where FBO services to homeless men, women and families<sup>42</sup> generate measurable financial impact, in conjunction with our site visits and interviews, points to three major aspects of homeless ministries that impact taxpayers at the local, state, and federal levels:

- Provision of Emergency Shelter Beds – The value statement in the context of ES beds is primarily a function of the cost that would have been borne by municipal/state/federal government for beds provided, if not for private funding, provided to faith-based organizations.
- Medical Recuperative Beds – There are a growing number of FBOs providing medical recuperative beds for homeless individuals discharged from hospitals. These initiatives, often launched and funded by county health departments and non-profit hospitals in partnership with FBOs, have generated significant savings by reducing hospital lengths of stay and re-admission rates for homeless individuals by providing a stable, clinical residential environment in which to recover.<sup>43</sup>

<sup>41</sup> Stephen V. Monsma and Stanley W. Carlson-Thies (2015). *Free to Serve: Protecting the Religious Freedom of Faith-Based Organizations*. Ada, Michigan: Brazos Press.

<sup>42</sup> Due to both resource and time constraints, we were not able to include the problem of homeless youth, apart from those in families that were homeless, in this study. The problem of youth homelessness is significant, and FBOs also play a major role in addressing these problems.

<sup>43</sup> The savings and ROI potential associated with medical recuperative beds is presented later in the report in reference to San Diego Rescue Mission's recuperative care program.

- Residential Recovery and Job Readiness (RRJR) programs – Based on a preliminary analysis these programs, which are more structured and have longer lengths of stay than ES beds (anywhere from 3 to 25 months), represent the most significant and long-term value proposition for FBOs in terms of producing taxpayer savings.

Within the time and resource constraints associated with this study, we opted to focus our attention on providing a conservative, preliminary estimate of taxpayer savings associated with positive program outcomes for participants in FBO-provided RRJR programs. This analysis is not intended in any way to represent or suggest that faith-based programs are more cost-effective when compared to the array of rapid rehousing or permanent supportive housing associated with HUD's Housing First initiative. That subject would require significantly more time and resources. The preliminary estimates provided here are simply for the purposes of communicating the estimated financial impact the FBOs are having in these 11 cities to produce positive outcomes (i.e., changed lives) for those homeless individuals and families striving to become productive members of society and contribute to, rather than financially draw from, the national economy.

The findings relating to this financial impact are based on a survey (see Appendix III) that was sent to 67 FBOs which, based on the most recent HIC data available, provided Transitional Housing (TH) beds to homeless individuals in one of the eleven cities in this study. In the course of our research, however, we also discovered there were other FBO programs serving homeless men and women that are not included in the HIC in many of these cities. In an attempt to include some of these programs, we reached out to, and received, survey data for ten Salvation Army Adult Rehabilitation Centers (ARCs) as well as three Teen Challenge programs that responded to our survey request.<sup>44</sup>

The survey asked FBOs, among other things:

- their annual program costs;
- the annual number of program completers or graduates;
- if they conducted any follow-up with program completers; and
- what percentage of their funding came from any government source(s)?

We received responses from 30 FBOs, representing 66% of all FBO-provided TH beds in these eleven cities.

It is important to note that the estimated taxpayer savings represented here are not meant to represent the full value associated with the outcomes produced by these RRJR programs. Furthermore, the savings estimates included in these projections are only for the first three years following completion of the RRJR<sup>45</sup> program. These projections are focused on those aspects of program outcomes that are easier to measure in

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<sup>44</sup> In our surveys to these organizations, we specifically asked them to estimate the percentage of their program participants that were homeless at the time they enrolled in their program, and only included that number in our estimates.

<sup>45</sup> For the purpose of this study, RRJR is synonymous with the HUD term of Transitional housing.

financial terms which, in this context, concerns the types of outcomes that relate to taxpayer costs (or increased tax revenues).

As Eric Bauer, Executive Director of Portland Rescue Mission, explains:

*In a general sense, it is impossible to count the impact of the faith community on preventing and mitigating homelessness since a significant amount of unreported support is given by local churches to people within their church community, people who come to them directly for assistance or people they reach out to in a grassroots manner. This support is not just in the form of tangible help like shelter meals, clothing and transportation, but also includes homelessness prevention through addictions support groups like Celebrate Recovery, gospel transformation of individuals and families, and other unseen "leaven from heaven." The cumulative impact of these influences, which is no doubt considerable, cannot be adequately represented in a study.*

The first step in projecting taxpayer savings associated with program outcomes was to approximate the number of "successes," or individuals with demonstrated positive outcomes associated with participation in a recovery and/or job readiness program. Successes, as opposed to graduates or completers, includes a portion of individuals who did not technically or officially complete all the program requirements for one reason or another (e.g. family reunification and /or employment) but had completed a sufficient amount of the recovery and/or job readiness curriculum and training to be considered a success.<sup>46</sup>

An individual who is able to remain sober, for example, is better able to obtain and keep a job, maintain better health, and, if he or she has children, to parent. All of these activities have financial implications:

- An employed person contributes to the tax base through income tax, sales tax, etc.;
- Someone with better health incurs fewer health costs; and
- Someone who is better able to raise his or her own child(ren) thus averts the need for foster care at taxpayer expense<sup>47</sup>

The calculation of estimated taxpayer savings associated with the FBO-sponsored RRJR programs was based upon the number of successes times the estimated per person 3-year taxpayer savings, as summarized in Table 1 (next page).<sup>48</sup>

<sup>46</sup> Based on discussions with a sampling of organizations, we determined that the proportion of successes to graduates/completers is about 50%. In other words, for every 10 graduates/completers, there are an estimated 5 more individuals who were successful in the program, but for some reason or another did not officially graduate/complete. For more details on the methodology, please refer to the Technical Note in Appendix IV.

<sup>47</sup> This analysis only considers the immediate expense associated with Child Protective Services (CPS) involvement and the associated foster care costs. It does not consider the long-term impact that foster care has on children, which includes significantly lower high school graduation rates and higher incidents of teen pregnancy, among other things.

<sup>48</sup> It is also important to note that the calculation of taxpayer savings does not include the benefits accrued specifically to the individual served through this program, but only those measureable benefits associated with taxpayers.

**TABLE 1: SOURCES FOR CALCULATION OF TAXPAYER SAVINGS ASSOCIATED WITH RRJR PROGRAM OUTCOMES**

OUTCOME	TAXPAYER SAVINGS VALUE	CITATION
Sobriety, Healing from drug and/or alcohol addiction	\$21,745	Estimated taxpayer savings from residential drug treatment; Ettner, Susan et al; <i>Benefit-Cost in the California Treatment Outcome Project: Does Substance Abuse Treatment “Pay for Itself”?</i> ; Health Services Research 41:1 (February 2006); pp 199-213. Adjusted to 2016 dollars.
Acquisition of life skills and job skills for stable employment	\$11,343	Washington State Institute for Public Policy; - Benefit-Cost Analysis; Training with work experience for adult welfare recipients. June 2016. Used three years of annual taxpayer benefits of \$3,781.
Family reunification	\$4,106	An estimated 25% of successful program completers receive their children back from Child Protective Services.* With an average foster care length of stay of about 24 months and a per diem rate of \$22.50, this results in a savings of \$16,425, or an average of \$4,106 per successful completer (\$16,425 * 25% of women with children in foster care).

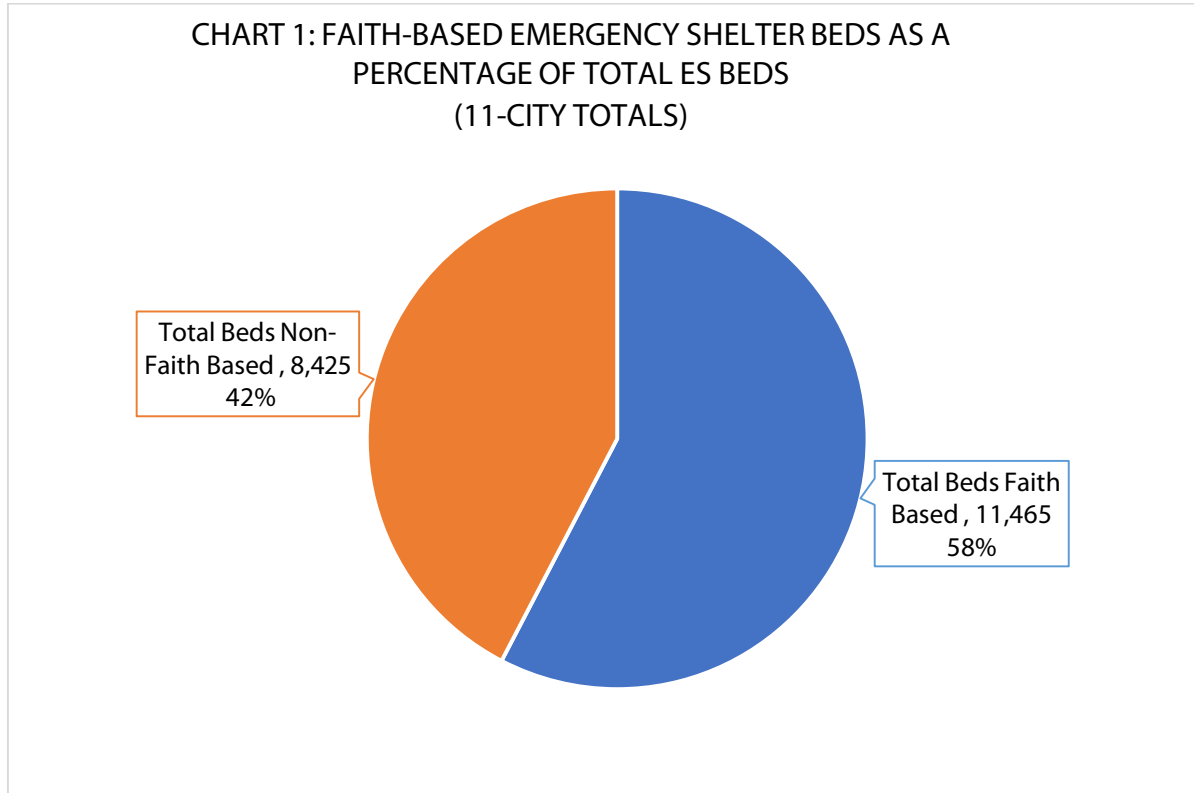
\* This estimate was based on a conversation with Colleen Gore, Director of Wheeler Missions Ministries' High Ground RRJR program for women.

Based on what we learned from our site visits and interviews, we believe these estimates to be conservative and, provided time and resources for further research, would likely be higher, especially considering lifetime benefits from a life of homelessness and addiction transformed into a life of independence and self-sufficiency. Nonetheless, as shown in the Findings section below, the total estimated taxpayer savings, net of any government funding, exceeded the costs for these programs, thus achieving a positive Return On Investment (ROI). Furthermore, when considering the ROI against government dollars invested in TH programs, the ROI is significantly higher (\$9.42), since most of these programs operate from privately-donated funds.

## FINDINGS

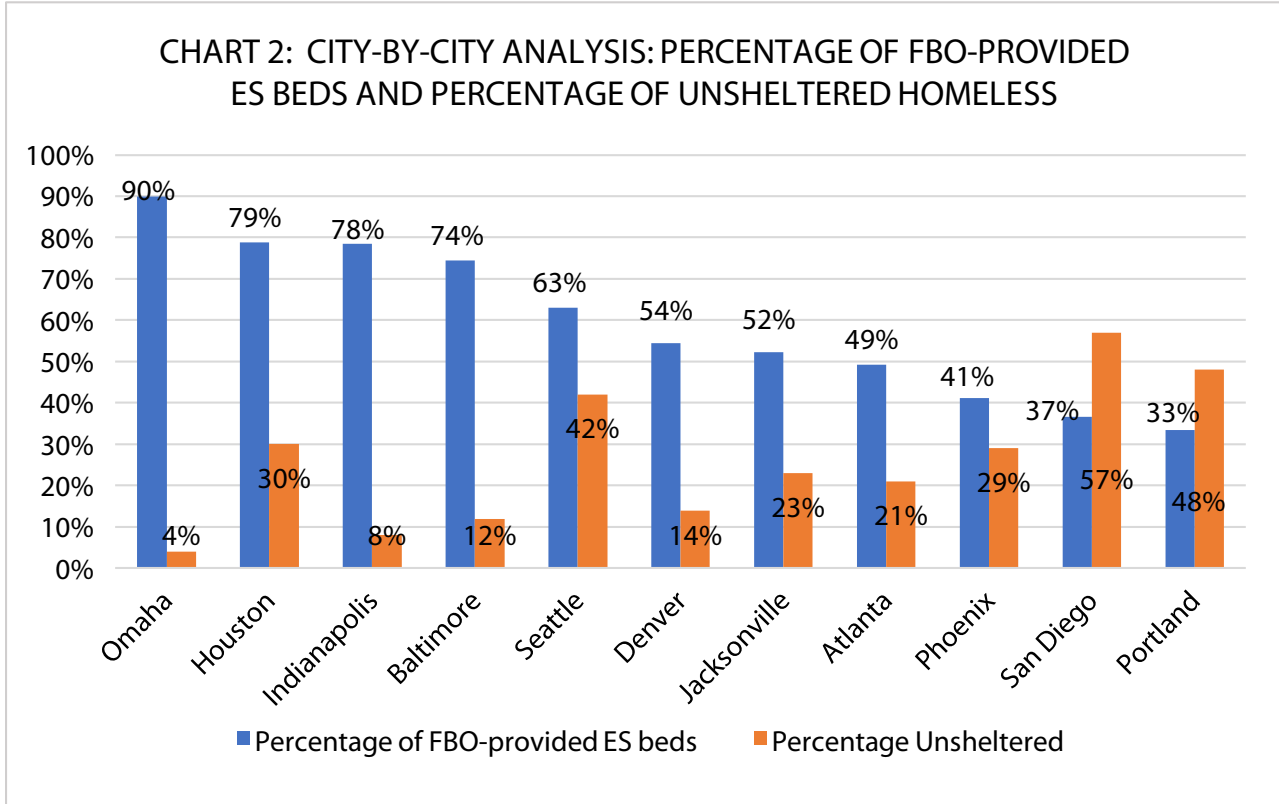
***Finding #1: Faith-based organizations provide nearly 60% of the Emergency Shelter Beds, what many consider the “safety net of all safety nets” for the homeless population.***

As shown in Chart 1 below, FBOs provide almost 6 out of 10 of all Emergency Shelter (ES) beds in the eleven cities.



***Finding #2: The percentage of Emergency Shelter beds provided by FBOs varied significantly by city, with a high of 90% FBO-provided ES beds in Omaha to 33% in Portland, OR. Cities with a higher percentage of FBO-provided ES beds correlate with relatively lower percentages of unsheltered homeless individuals.***

There was a considerable amount of variation among the eleven cities included in our study. In seven of the eleven cities, FBOs provided more than half of all ES beds for that city. Chart 2 (next page) shows both percentage of FBO-provided ES beds and the percentage of unsheltered homeless by city. It is of interest to note that cities with higher FBO participation in ES beds generally had lower percentages of unsheltered homeless men and women. In the city-specific section below, we provide additional data on the level of homelessness in each city to provide context for these variations.



***Finding #3: What Government agencies and Public Policy makers see as the cause of homelessness; namely, the lack of housing, many FBOs see as a symptom of a deeper problem.***

Many of the differences that exist between FBOs and HUD in addressing the plight of homeless men and women boil down to a different understanding of the nature of the problem. This finding points to the divergent methods employed by many FBOs, in comparison with those employed through HUD’s Housing First Initiative. Namely; while government programs and public policy address homelessness directly as the problem, the faith community often sees it as symptomatic of a more complex personal and societal conditions stemming from relational poverty and family fragmentation. As described on the website of New City Initiative, a FBO homeless provider in Portland, OR:

*There are many factors that enter into homelessness, such as job loss, physical or mental disability, domestic violence, mental illness, drug and alcohol addiction, and others. But one important factor that is frequently overlooked is the breakdown of relationships and community that occurs when people become homeless. People don’t become homeless when they run out of money, at least not right away. They become homeless when they run out of relationships. And this means that the solution to homelessness necessarily involves a reestablishment of relationships and community.*

***Finding #4: Leadership and collaboration among faith and community-based organizations to address homelessness originates from many different places within the community.***

It is often assumed that HUD and municipal and local governments lead the way when it comes to addressing homelessness, and that FBOs play a relatively minor role. Through our site visits, we found that FBOs often serve an important and essential leadership role in addressing the needs of the homeless population in their cities. Historically FBO homeless ministries (particularly gospel rescue missions) tended to work in isolation, but many FBO ministries today are actively engaged with their CoC, whether or not they receive HUD funding. For example:

- The Star of Hope Mission in Houston, Texas, is breaking ground on a \$65 million campus, funded entirely with private dollars, which will provide services for women with children ranging from homelessness prevention services to residential recovery and affordable housing.
- “The Big Four” (Denver): Denver Rescue Mission, Salvation Army, Catholic Charities, and Volunteers of America meet on a regular basis to coordinate more closely, avoid duplication of services, and communicate strategies and positions in response to governmental initiatives and policies.
- In Seattle, the Union Gospel Mission responded to a request from the mayor to collaborate in relocating 500 homeless individuals living underneath the interstate in a place that had become known as “the Jungle.”
- Indianapolis enjoys a long and storied history of government and faith-based collaboration, dating back to Mayor Steven Goldsmith in 1997 through the establishment of the Front Porch Alliance within the mayor’s office. Today, Indianapolis is one of the only cities of its size that relies almost entirely on a FBO, Wheeler Mission Ministries, to serve as the city’s primary emergency shelter for the chronically homeless.

***Finding #5: High Tech, High Touch***

There is a common notion that relation-focused programs are more “touchy-feely” in their operation, with only anecdotal program outcomes (i.e., ‘stories’) and generally lacking any performance-based metrics and data-driven management. We observed, however, that many of the FBO homeless ministries demonstrate the ability to be both highly-relational in their ministry to individuals and families experiencing homelessness (high touch) while also employing sophisticated, metrics-based performance measurement and management systems (high-tech). Some examples include:

- Catholic Charities of Baltimore (CCB), which contracts with the City of Baltimore to operate the city’s shelter, has a staff person with the title of Chief Performance Officer, with the responsibility of providing CCB’s Executive Director with a weekly performance scorecard, tracking not only the number of people served through various programs but also including information pertaining to outcomes for individuals completing or graduating from various programs.



- The Phoenix Dream Center in Arizona employs a rigorous quality assurance process administered by a Quality Assurance Director, which includes tracking outcomes for participants in each of its five residential programs, including a three-tiered outcomes framework encompassing sociological, socioeconomic, and spiritual success measures.

***Finding #6: FBO homeless ministries are at the forefront of program innovation and transformation to improve their ability to increase positive outcomes for homeless individuals and families:***

- The Atlanta Mission has launched an organizational transformation effort specifically designed to improve the Mission's ability to recruit individuals in the ES into Residential Recovery and Job Readiness programs. This effort entails the development of a comprehensive framework of outcomes contributing to sustainable self-sufficiency and independence.
- The Phoenix Rescue Mission is implementing a new RAP initiative (Rescue, Assess, and Place) to divert homeless individuals and families from the large "big box" municipal shelter. The RAP program is designed specifically for individuals demonstrating a desire to change and improve their condition.
- Omaha, noted for some of the lowest numbers of homeless among major cities in the U.S., has an extensive array of FBO homeless ministries involved in everything from pre-release prison programs designed to connect ex-offenders with residential programs upon release, to affordable housing programs that accept referrals from residential recovery programs of formerly homeless individuals and families.
- In Jacksonville, the Salvation Army has launched an initiative called Pathway for Hope. The purpose of this program is to provide long-term, intensively relational case management services to address inter-generational poverty issues for families experiencing homelessness.

***Finding #7: The centralized nature of Housing First policies, mandates, and funding priorities, do not effectively engage with Faith-Based Organizations of all types, including congregation-based efforts that are not seeking federal funding.***

For example, we repeatedly observed that HUD-funded Continuums of Care are not intentional about galvanizing collective efforts that target and include faith-based groups. As a result, community-based efforts and resources (both time and money) for preventing and redressing homelessness are often fragmented and uncoordinated.

- As explained by Sister RayMonda DuVall from Catholic Charities of San Diego:

*Thirty or so years ago, we formed what was known as the Emergency Resource Group. This collective of community-based agencies was built to serve the common good, with the group making determinations on the most crucial areas of need. Now, homeless providers are in shock and fear of losing HUD funding. Our voices have been diminished and we are compelled to work to implement policy and program priorities that come directly from HUD.*

- Lisa Gustaveson, Program Manager for the Faith and Family Homeless Initiative at Seattle University, described:

*Many congregation homeless programs operate outside of the mainstream system. Therefore, communities who are working to implement Coordinated Entry Systems fail to capture the impact of the faith-based responses and synchronize efforts with the congregational programs. In addition, many Continuum of Care systems struggle to effectively partner with faith communities. We have found that the community response to homelessness is strengthened when the faith community ministries are invited to contribute in a meaningful way to local responses.*

- An example of what congregation-based homeless ministries are doing, outside of the Continuum of Care, is the Homeless to Renter (H2R) program. H2R is a King County partnership outside of Seattle between Jewish Family Services and Temple Beth Ann that covers move-in costs (e.g., first and last month's rent and deposit) for potentially homeless families who would otherwise not be able to come up with the funds to get into housing. Over the past 10 years, H2R has helped over 1,000 people find housing, of which 85% were able to maintain that housing a year later.

***Finding #8: There are other FBOs serving homeless individuals struggling with addictions that are not included in HUD's Point-In-Time (PIT)<sup>49</sup> homeless count.***

Organizations such as Teen Challenge and Salvation Army's Adult Rehabilitation Centers (ARCs), with programs located across the country, routinely serve significant numbers of homeless individuals through their programs, although these individuals are not counted among the homeless by HUD. These organizations, which accounted for about 20% of the total projected successes shown in finding #9 below, are included in those estimates on FBO's financial impact through program outcomes.

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49 The U.S. Department of Housing and Urban Development (HUD) requires that communities receiving federal funds from the McKinney-Vento Homeless Assistance Grants program conduct a point-in-time count at least every other year. The practical impact of this requirement is that each community in the country must conduct a point-in-time count every other year.

***Finding #9: The total estimated 3-year taxpayer savings,<sup>50</sup> net of public funding resulting from projected program outcomes for FBO Residential Recovery and Job Readiness (RRJR) programs, is \$119 million.***

This projection is based on an estimated average of 6,414 successful outcomes per year,<sup>51</sup> from 85 FBO-provided Residential Recovery and Job Readiness programs through 47 FBOs in these eleven cities, including Salvation Army Adult Rehabilitation Centers (ARCs) and Teen Challenge.

***Finding #10: The estimated ROI for these Residential Recovery and Job Readiness (RRJR) programs is \$9.42 in projected taxpayer savings and increased income tax revenues for every \$1.00 of government funding.***

This finding is based on the estimated \$119 million in taxpayer savings over 3 years, divided by the estimated \$12.7 million in governmental funding of these programs. These data come from survey results from 47 FBOs representing 85 RRJR programs serving these eleven cities, is based on an annual estimated investment of \$12.7 million in public (governmental) funding per year in FBO-provided RRJR programs in these eleven cities.

The overall estimated annual program cost of \$91.7 million for these FBO-provided programs, which includes the estimated \$12.7 million from governmental sources, results in an overall estimated 3-year ROI of \$1.31 for every \$1.00 invested (private or public) in these programs. In effect, the government is leveraging the private dollars raised by these FBOs, which cover 86% of the total annual FBO-provided RRJR program costs (\$91.7 million less the \$12.7 million in public dollars, or \$79.0 million), as well as the efficacy (\$1.31 in savings for every \$1.00 in overall program cost) to produce the \$9.42 in estimated taxpayer savings per \$1.00 public dollars invested.

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<sup>50</sup> The estimated savings was based only on the first three years following program completion.

<sup>51</sup> A successful outcome is based on the estimated number of program successes that continued to be self-sufficient at follow-up, which ranged from 3 to 24 months, for an average follow-up of 12.8 months following program completion.



ATLANTA



## CITY-SPECIFIC FINDINGS

### Atlanta, GA

#### Background – General Findings

The state of Georgia has experienced some of the most significant decreases in the homeless population, with the exception of veterans, according to the 2015 Annual Homeless Assessment Report to Congress (AHAR), as shown in Table A-1 below:

TABLE A-1: GEORGIA RANKING FROM 2015 AHAR REPORT

CHANGE BY TYPE OF HOMELESS POPULATION	TOTAL CHANGE (RANK AMONG STATES)	PERCENT CHANGE (RANK AMONG FIVE STATES WITH GREATEST CHANGES)
Decreases in Overall Homeless Population since 2007	5,849 (5 <sup>th</sup> best)	29.8% (3 <sup>rd</sup> best)
Decrease Homeless Individuals since 2007	2,819 (5 <sup>th</sup> best)	22.5% (3 <sup>rd</sup> best)
Decreases in the Chronically Homeless since 2014	651 (3 <sup>rd</sup> best)	24.6% (2 <sup>nd</sup> best)
<i>Increases in Veteran Homelessness since 2014</i>	<i>105 (4<sup>th</sup> worst)</i>	<i>7.3% (5<sup>th</sup> worst)</i>

In addition, Atlanta ranks 10th worst among major cities in the number of homeless individuals (3,752), and 7th highest in terms of homeless veterans with 633.

#### Background – Specific Findings

The Atlanta CoC is one of four cities in our 11-city study with a catchment area specific to the city proper. As such, in comparison to the other CoCs, average number of homeless individuals per 10,000 in population is quite high, as shown in Figure A-1 (next page). However, in terms of the percentage of homeless individuals that are unsheltered, it is well below the 11-city average (as shown in Figure A-2 (next page)).<sup>52 53</sup>

<sup>52</sup> Based on 2015 Census Estimates; <https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>

<sup>53</sup> Based on 2016 HUD Point-In-Estimate; <https://www.usich.gov/>.

FIGURE A-1: ATLANTA COC - NUMBER OF HOMELESS INDIVIDUALS PER 10,000 IN POPULATION VERSUS THE 11-CITY AVERAGE (2016 PIT DATA)

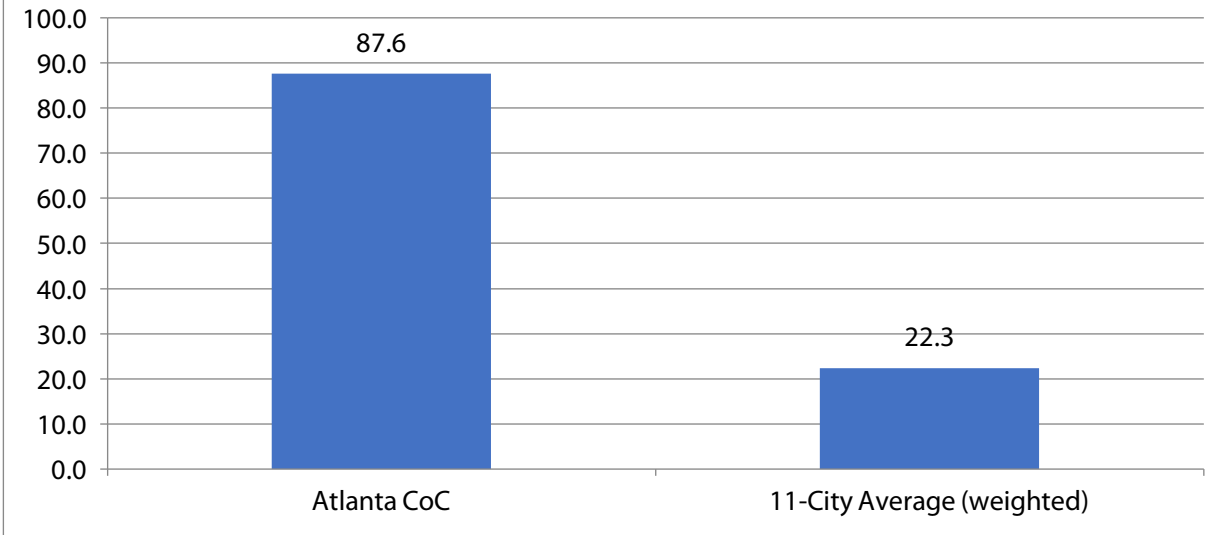
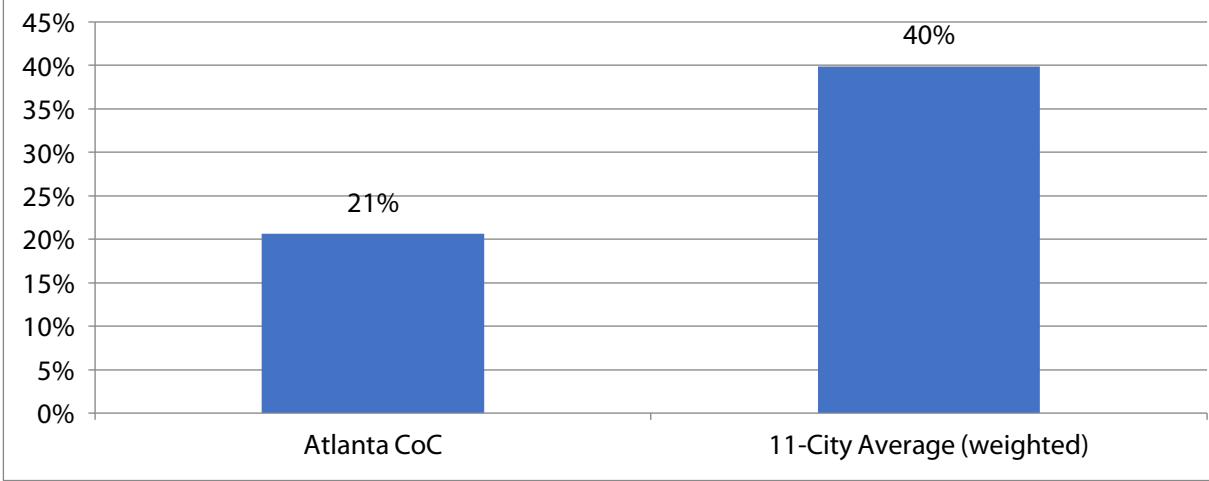


FIGURE A-2: ATLANTA COC - PERCENTAGE OF UNSHELTERED HOMELESS INDIVIDUALS VERSUS 11-CITY AVERAGE (2016 PIT DATA)



**Emergency Shelter Beds**

As shown in Figure A-3 (next page), almost half of all Emergency Shelter (ES) beds (49%) in Atlanta are provided by Faith-Based Organizations (FBOs), based on the 2015 Housing Inventory Count (HIC) data provided to HUD by Atlanta's lead Continuum of Care (CoC) agency, Partners for Home.

Figure A-4 (next page) shows that 47% of the 954 FBO-provided ES beds are through Atlanta Mission, 11% through City of Refuge, 10% through Central Presbyterian Church, and the remaining 32% through six other FBOs.

FIGURE A-3: ATLANTA EMERGENCY SHELTER BEDS (2015 HIC DATA)

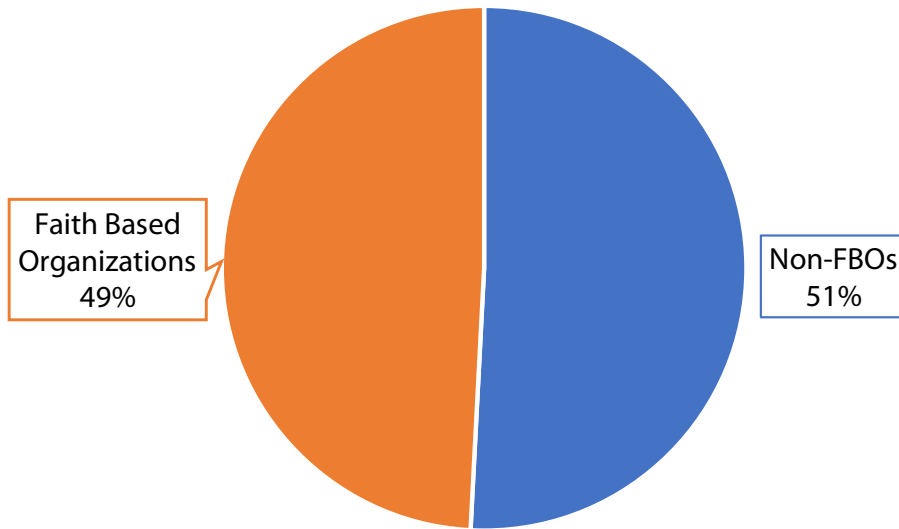
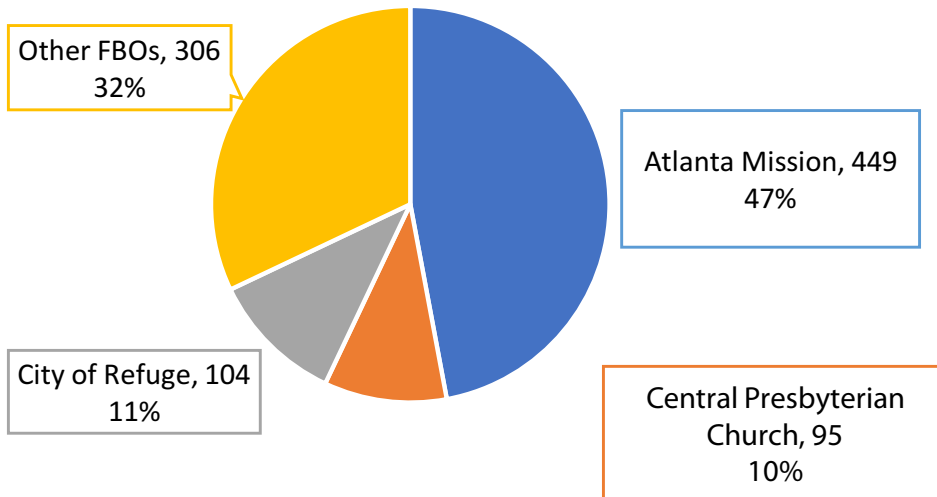


FIGURE A-4: ATLANTA FAITH-BASED EMERGENCY SHELTER BEDS BY ORGANIZATION (2015 HIC DATA)



**Government/FBO Collaboration**

The Atlanta Continuum of Care (CoC) was previously part of a regional entity, but in 2013 it separated from the DeKalb and Fulton County regional CoC. The Atlanta CoC, under the direction of Partners for Home as lead

agency, contains a numerous and diverse array of over 60 different FBOs, providing everything from ES and residential recovery and/or job readiness beds<sup>54</sup> to permanent supportive housing. Cathryn Marchman, Director of Partners for Home, described the important leadership role of the Atlanta Mission as an informal kind of faith-based intermediary on behalf of the CoC:

*The Atlanta Mission is a strong partner for our Continuum of Care. For example, there was a staff member from the Mission who helped us to get the Point In Time (PIT) data completed this past year. When facing NIMBY<sup>55</sup> issues while trying to locate additional shelters, the Mission is used as an example of how shelters can be great neighbors and foster development in their neighborhoods. What I particularly appreciate from the Mission, as well as from many of our other FBO leaders, is their flexibility in filling various needs and gaps in our continuum in areas where they are best equipped to do so.*

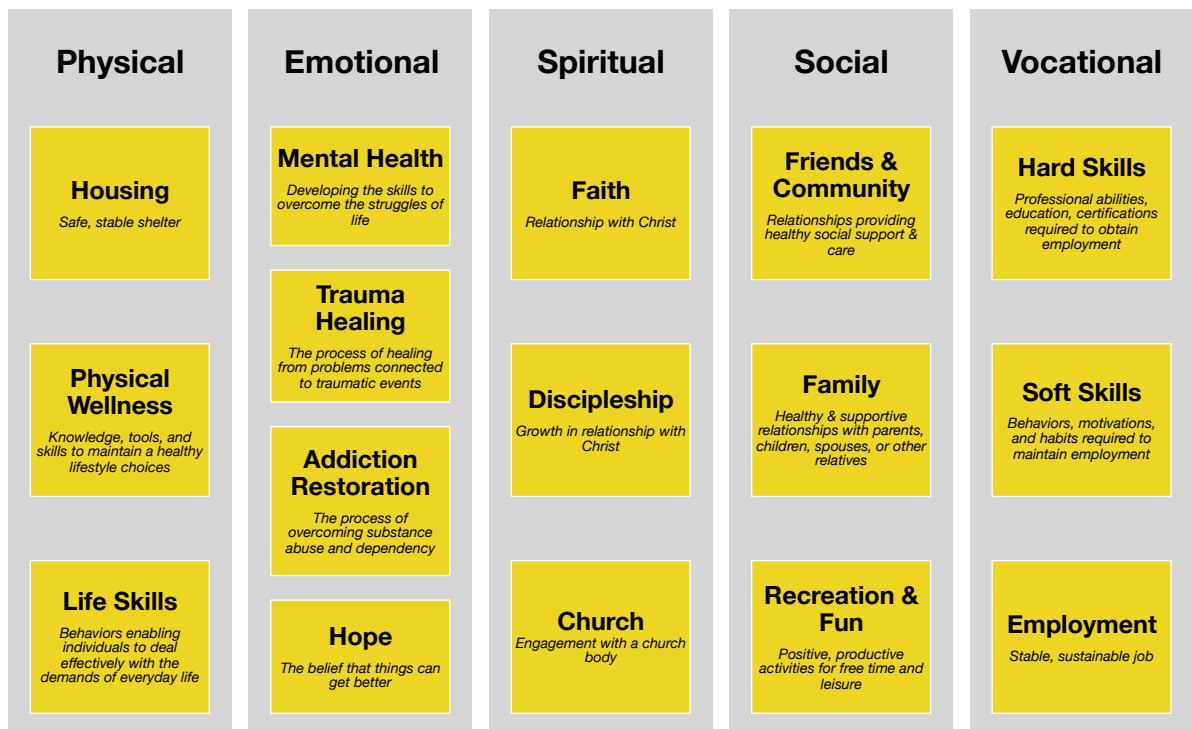
**Highlighted FBO homeless service providers**

**Atlanta Mission**

Atlanta Union Mission, as it was originally named, was first established in 1938 as a soup kitchen to feed homeless men displaced by the Great Depression.

**EXHIBIT A-1: CLIENT SERVICE AREAS**

# Client Service Areas



<sup>54</sup> HUD refers to these residential recovery and job readiness beds in the Housing Inventory Count (HIC) as Transitional Housing (TH).

<sup>55</sup> A term referring to "Not In My Back Yard," associated with communities that protest the location of a program or facility in its neighborhood generally out of concern for safety or health issues.

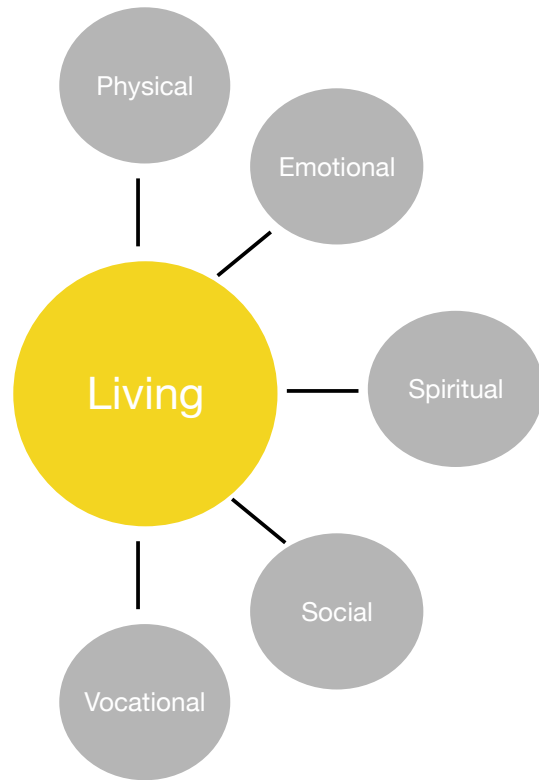


**EXHIBIT A-2: PROPOSED ORGANIZATIONAL TRANSFORMATION**

**Current Service  
Delivery Structure:**



**Future Service Delivery  
Structure:**



In 1969, the Atlanta Mission (AM) became the first entity in the United States to offer services to homeless women. Today, AM provides 449 ES beds at three different locations and 285 residential recovery and job readiness (RRJR) beds through three different programs.

Many Gospel Rescue Missions across the country, such as AM, provide both ES and RRJR beds. Also, similar to other Missions across the nation, only 10-20% of ES residents have typically elected to enroll into these more structured and outcome-focused recovery programs. Atlanta Mission, through a new model focusing on building relationships first, is now working to recruit individuals who are willing to accept additional support from among its ES population into its RRJR programs. The goal of this added emphasis on relationship-building is to increase the proportion of ES residents enrolling in these RRJR programs to 30-40%.

Jim Reese, President/CEO for AM, described the transformational process the organization is now undergoing to improve their ability to meet the needs of their client population:

*Our previous homeless ministry model was more about the services first, and trying to make the clients fit into that, and what we found is that the relational poverty is most often the largest barrier. Part of our transformation effort at Atlanta Mission was to build relationships and then engage in a much more thorough needs assessment process, which in turn gave us and the client a clearer picture of the outcomes we were trying to achieve together for our services model [see Exhibit A-1 (previous page)]. What this research effort taught us is that we need to first build relationships and then have a service structure that puts our clients into a sustainable, independent living environment, and then bring the needed service components, based on that individual's needs assessment, to facilitate a change towards a better, more productive life.*

(See Exhibit A-2 (previous page) for an illustration of the proposed organizational transformation)

### **Salvation Army**

The Salvation Army (SA) in Atlanta provides, as per the 2015 HIC report, 90 ES beds at one location and 169 RRJR beds through eight different programs, including a 64-bed unit dedicated to veterans. They also recently opened a 10-bed prisoner re-entry program, funded through the state, in which they have successfully obtained IDs, employment, and housing for 9 out of 10 ex-offenders.

Part of the reason for SA's diverse array of housing and RRJR programs lies in their skills as collaborators. The key to being a good collaborator is to focus on doing what you do well and partnering with others who are better at serving in other areas. On the employment side, for example, SA serves as the top referral partner for First Step Staffing, a local job placement agency. In total, SA of Atlanta claims over 80 collaborating organizations.

Sergeant Janeane Schmidt, Director of Red Shield Services in Atlanta, reflected both on the challenges of maintaining SA's faith identity for those programs accepting public funds and the philosophical differences she has with HUD's Housing First approach to addressing homelessness:

*Even though our religious programs, such as Bible studies and worship services, are on a strictly voluntary basis for our clients funded with public dollars, our experience has been that about 90% of these folks participate anyways. I think the bigger struggle for me is Housing First, and the manner in which it provides all these services and supports to individuals who, in my mind, have not put forth an effort to get healed from their addictions. This approach may work for certain high-functioning addicts, but we are seeing fewer and fewer of these among our clients. In Atlanta, the net effect I see from Housing First is fewer transitional housing beds for families in lieu of Permanent Supportive Housing beds, and we are seeing a lot of the folks placed in Permanent Supportive Housing beds back at our front door anyways.*

### **Other Homeless Ministries**

#### **Good Samaritan Health Center**

Good Samaritan Health Center (GSHC) was founded in 1998 by Dr. Bill Warren, who left his success-

ful pediatric practice and started providing health services to the poor and uninsured with the mission of "Spreading Christ's love through quality healthcare to those in need." From the first day, GSHC provided holistic, comprehensive medical, dental, mental health counseling, and health education services. GSHC quickly grew from 6,600 patient visits during the first year to an expected 35,000 patient visits in 2016. In 2009, GSHC relocated to a larger location, just west of downtown Atlanta, and grew to a staff of 39 full time and 6 part time employees and 60 clinic volunteers who donate over 400 hours collectively on an annual basis.

Included amongst its various services, GSHC offers an integrated care program for homeless individuals every Friday where patients can receive primary care, dental services, mental health counseling, and psychiatric care. Since its inception in August of 2015, the program has served over 200 individuals.

GSHC is also very deliberate in its outreach efforts, targeting zip codes where the average life expectancy is 13 years less than that of those living in comparatively wealthy suburbs of Atlanta. GSHC employs a Full Circle of Health approach that includes medical care, dental services, mental health care, health education, and healthy living initiatives. Healthy living initiatives include the urban farm, teaching kitchen, and farmer's market, and GSHC will soon add a fitness center to improve patients' well-being.

### ***The Projected Taxpayer Impact and Benefit of Faith-Based Services to the Homeless***

The estimated taxpayer impact of FBOs, specifically related to residential recovery and job readiness (RRJR) programs, is based on a sampling of FBOs representing 78% of all RRJR beds<sup>56</sup> in Atlanta included in the HIC. Based on these results, we estimate that these FBOs, along with the Salvation Adult Rehabilitation Program (ARC), which is not included in the HIC, invest about \$4.2 million per year. These programs generate about 792 successes per year, for an average estimated cost/successful outcome of \$5,314.<sup>57</sup>

An estimated 69% of these successes (546) maintain their employment (or some other stable source of income) and housing at follow-up.<sup>58</sup> The total estimated average 3-year taxpayer savings is \$9.3 million, which net of the estimated public finding, results in a total estimated annual of \$8.1 million, which is net of any public (e.g. government) funding received from these programs.

The estimated overall ROI for these programs (\$9.3 million savings divided by \$4.2 million in costs) is \$2.22 in taxpayer savings for every \$1.00 invested in these programs with public and private dollars. The taxpayer ROI, calculated by the total estimated 3-year taxpayer savings (\$9.3 million), divided by estimated annual public dollars invested in faith-based RRJR programs (\$1.2 million), is \$7.53 for every \$1.00 in public (governmental) funding.

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<sup>56</sup> These are referred to by HUD as Transitional Housing beds.

<sup>57</sup> The results presented in this analysis are subject to rounding error.

<sup>58</sup> Follow-up can range anywhere from 3 to 24 months, with the average length of follow-up being 12.8 months.

TABLE A-2: ATLANTA ROI CALCULATIONS

ITEM	REF.	CALCULATION	RESULT
Total estimated annual RRJR program costs for FBOs in Atlanta CoC	A	Based on survey sampling of FBO RRJR programs representing 78% of all RRJR beds, as per Atlanta HIC.	\$4,209,000
Total estimated number of "successes" per year (individuals completing all or a material part of designated programs)	B	Based on survey sampling of FBO RRJR programs representing 78% of all RRJR beds, as per Atlanta HIC.	792
Cost per success	A/B	Estimated annual RRJR program cost divided by estimated number of successes	\$5,314
Estimated percent of successes maintaining stable income and housing at follow-up.	C	Based on survey sampling of FBO RRJR programs representing 78% of all RRJR beds, as per Atlanta HIC.	69%
Number of successes maintaining stable income and housing at follow-up.	B * C	Total estimated number of successes times the percentage of successes maintaining stable income and housing at follow-up.	546
Total estimated 3-year taxpayer savings.	D	Based on estimated taxpayer savings from RRJR program successes maintaining stable income and housing at follow-up in terms of: increased income tax revenues, reduced drug treatment and healthcare costs, and reduced Child Protective Services costs.	\$9,348,000
Total estimated annual public (i.e., government) dollars invested in faith-based RRJR programs	E	Based on survey sampling of FBO RRJR programs representing 78% of all RRJR beds, as per Atlanta HIC.	\$1,241,000
Estimated 3-year taxpayer ROI for faith-based RRJR programs per \$1.00 investment	D / E	Total estimated 3-year taxpayer savings, divided by estimated annual public dollars invested in faith-based RRJR programs.	\$7.53
Total overall estimated 3-year ROI for faith-based RRJR programs per \$1.00 investment	D / A	Total estimated 3-year taxpayer savings, divided by total estimated annual faith-based RRJR program costs	\$2.22

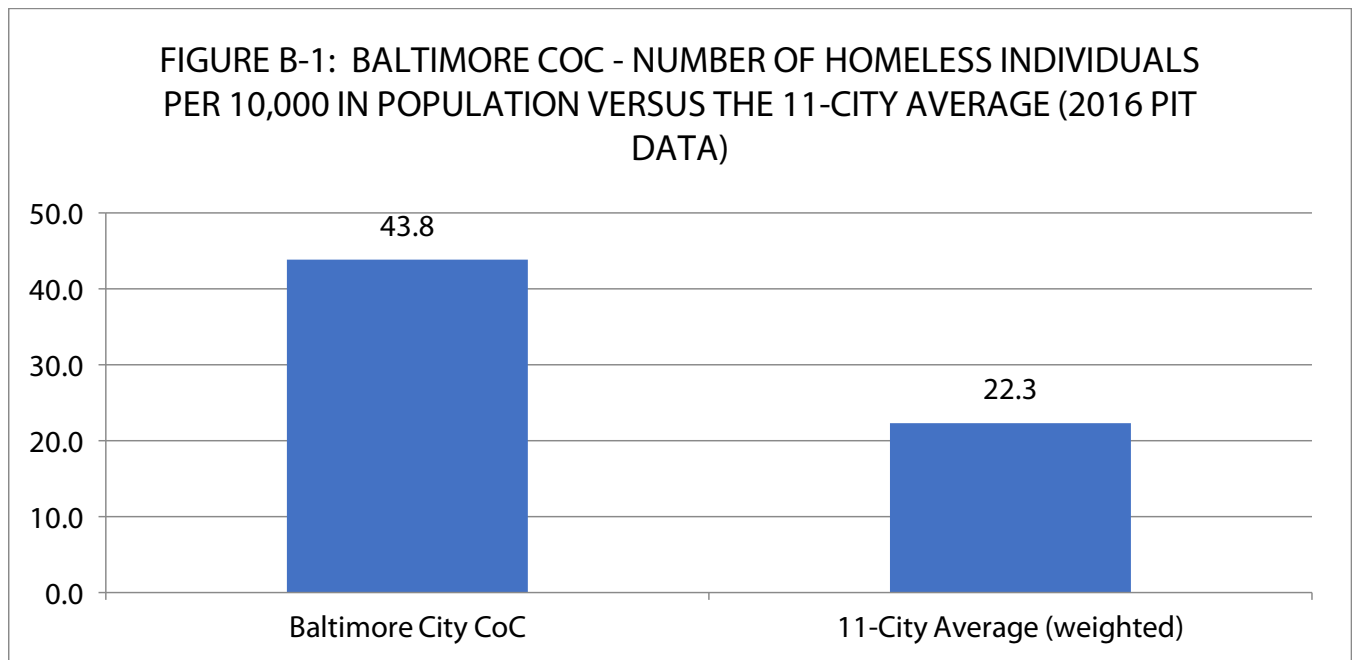
## **Baltimore**

### **Background – General Findings**

The state of Maryland, according to the 2015 Annual Homeless Assessment Report to Congress (AHAR), had the 5th largest overall increase in homeless families with children (131) from 2014 to 2015. This increase constituted the 3rd largest percentage increase (4.6%) among the five states with the greatest overall increases over that time period.

### **Background – Specific Findings**

The Baltimore CoC is one of four cities in our 11-city study with a catchment area specific to the city proper. As such, in comparison to the other CoCs, average number of homeless individuals per 10,000 in population is quite high, as shown in Figure B-1 below. However, in terms of the percentage of homeless individuals that are unsheltered, it is well below the 11-city average, as shown in Figure B-2 (next page).



### **Emergency Shelter Beds**

As shown in Figure B-3 (next page), an estimated 74% of all Emergency Shelter (ES) beds in Baltimore are provided by Faith-Based Organizations (FBOs), based on the 2016 Housing Inventory Count (HIC) data provided to HUD by the lead Continuum of Care (CoC) agency, the Homeless Relief Advisory Board.



# BALTIMORE



FIGURE B-2: BALTIMORE CoC - PERCENTAGE OF UNSHELTERED HOMELESS INDIVIDUALS VERSUS 11-CITY AVERAGE (2016 PIT DATA)

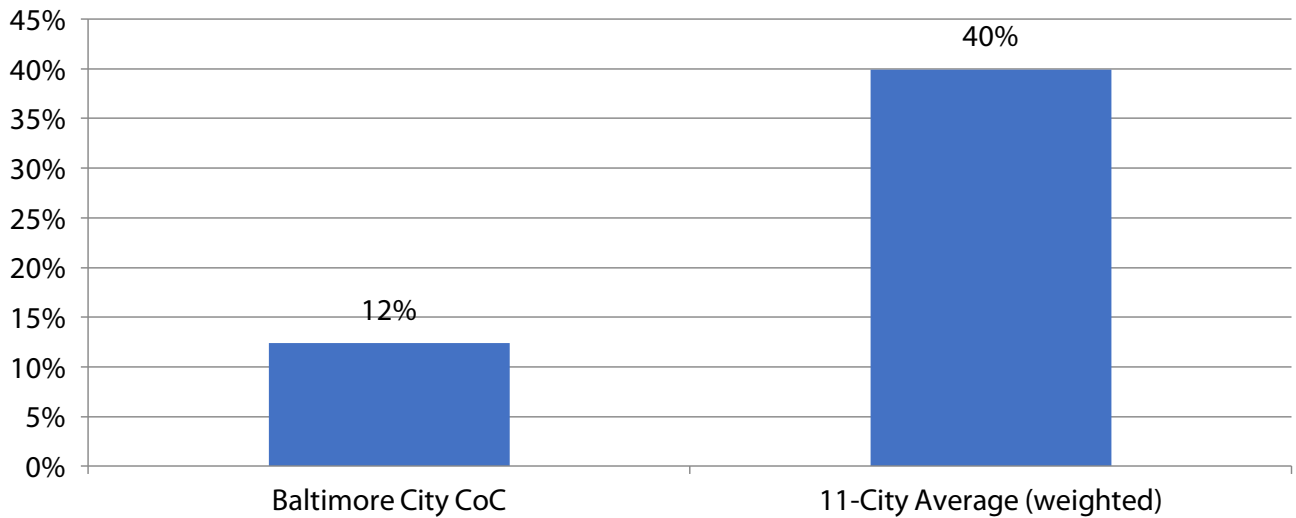


FIGURE B-3: BALTIMORE EMERGENCY SHELTER BEDS (2016 HIC DATA)

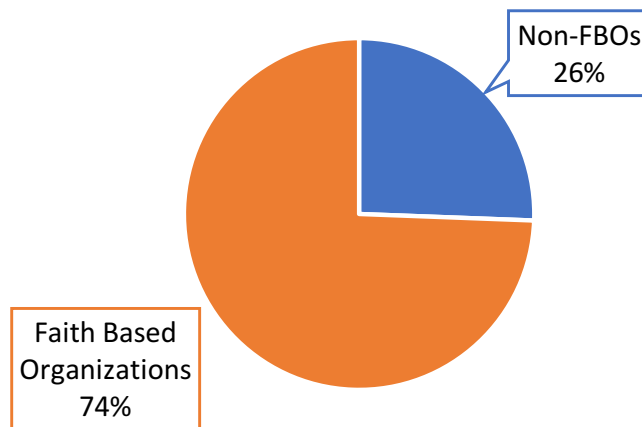


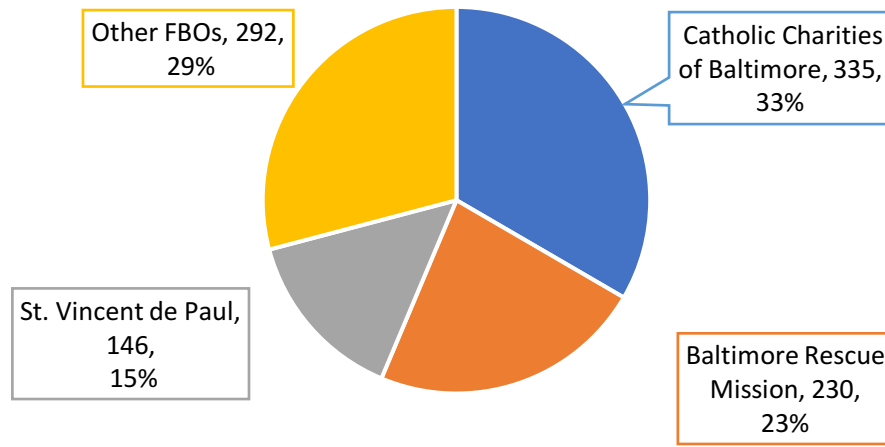
Figure B-4 (next page) shows that a third of the 1,003 FBO-provided ES beds are through Catholic Charities of Baltimore, 23% through Baltimore Rescue Mission, and 15% through St. Vincent DePaul.

**Government/FBO Collaboration**

***Helping Up Mission***

Since its inception in 1885, Helping Up Mission (HUM) has been coming to the aid of those struggling with poverty and homelessness in Baltimore City. In the early days, the special focus was on immigrant families entering the country through the port of Baltimore. During the second half of the 20th century, HUM began

FIGURE B-4: BALTIMORE FAITH-BASED EMERGENCY SHELTER BEDS BY ORGANIZATION (2016 HIC DATA)



focusing primarily on serving the physical and spiritual needs of the great numbers of men struggling from poverty in the city, but by the 1990s it became clear that the best way to help these men was to address the issue of drug and alcohol addiction. In 1995, HUM created the 12-month residential recovery and job readiness (RRJR) program called the Spiritual Recovery Program.

Today, the four-building HUM campus houses seven (RRJR) programs with over 500 beds. Their core programs (370 residential beds) for men struggling with addictions are comprised of:

- A 12-month Spiritual Recovery program;
- A 6-month Graduate Spiritual Recovery program;
- A post-graduation program; and
- An Intern Training program.

Overnight Guest Services provides an additional 60 transient beds nightly.

Another of HUM's Residential Recovery and Job Readiness Training (RRJR) programs consists of a collaborative effort with the Veterans Administration (VA) to provide 20 beds exclusively for veterans. Residents in the VA unit get most of their day programming through the VA but are free to participate in any of the classes, activities, and programs offered on the HUM campus. Additionally, HUM also operates a 48-bed program in collaboration with Johns Hopkins Hospital's Intensive Outpatient Substance Abuse Program. Similar to the VA program, the JHH program residents are free, but not required, to participate in the activities on HUM's campus.

Bob Gehman, Executive Director for HUM, describes the importance and success of these programs and collaborations:

*Before we can help someone, they need to be in a safe and stable place. That's what we provide for the clients in all seven of our programs. The majority of HUM staff are graduates*



A photograph taken at night showing two men in silhouette. The man on the right is holding a large, illuminated sign. The sign has a small crest at the top and the text "DOING THE MOST GOOD" in large, bold letters. The background is dark with some blurred lights, possibly from a city street or a building.

DOING  
THE MOST  
GOOD

© Columbia

*of our 12-month Spiritual Recovery Program, and they work hard to create a caring supportive community for all clients. They hold each other accountable to be where they're supposed to be – and when people show up for help, they generally get it.*

### **Weinberg Housing and Resource Center**

The City of Baltimore has contracted with Catholic Charities of Baltimore (CCB) to operate the 335 ES bed facility (275 permanent beds and 60 overflow beds) named the Weinberg Housing and Resource Center (WHRC) since July 2013. The shelter was previously managed by a private company for the first two years of WHRC's existence. Tyra Parker, Director of WHRC and an employee of Catholic Charities since July 2013, described the transition process that occurred when CCB assumed responsibility:

*I was new to the job as shelter director and new to Catholic Charities, so there was a lot of adjusting to do. We had to hire about 70 people within the first two months of assuming responsibility for the shelter. There had been a lot of complaints about staff treatment of shelter residents, so we had to work hard during that first year to change the culture within the shelter. It meant a lot to me to have the backing and reputation of Catholic Charities behind us, particularly in the way they approach their work in both a compassionate and a business-like manner. Even though all religious activities, such as Bible study and worship, were purely voluntary, I feel that we as a staff have been able to impart some intangibles as a witness to God in changing the environment and culture at the shelter.*

Another important change that Parker brought about is establishing separate day rooms for women and men, along with a protocol for entering the facility, which served to create a safer, more peaceful, and orderly environment for shelter residents, especially for the homeless women. The evidence of a positive cultural change in the facility and its effect on the homeless clients was indisputable, as Parker and her staff witnessed a reduction of the number of aggressive and hostile acts, down from an average of about 6 fights per day under the previous management to only 1-2 fights per month since CCB assumed responsibility for shelter operations. Over time this change in disposition of many of those sheltered at the WHRC contributed to a more stabilized setting. An example of this change in environment is best represented at Christmas, according to Parker:

*At Christmas, we get one of the common rooms decorated with a Christmas tree and the like and hold a service in the shelter on Christmas Eve, with lots of support from our volunteers. It is a genuine time of peace and good will for people who have had very little of either in their lives. We are all about creating a stable, respectful environment, and the only reason we are able to sustain this work and compassion is our faith.*

### **Highlighted FBO homeless service providers**

#### **Catholic Charities Baltimore: Relationship-Focused, Outcomes-Driven**

In addition to operating the WHRC, Catholic Charities Baltimore (CCB) also manages a wide array of housing programs, including three RRJR programs totaling 102 beds, and four permanent housing

programs totaling another 219 beds. William McCarthy, Executive Director for CCB, relies on a rigorous data tracking and outcomes measurement system, under the direction of a Chief Performance Officer, Rex Foster.

The CCB performance measurement system not only captures inputs, such as tracking hours for the 7,500 volunteers who work there each year, but the system also tracks and reports on outcomes associated with these programs. These outcomes include data such as the hourly wage for graduates and percentage of program graduates maintaining employment after one year. Exhibit B-1 (next page) shows the CCB ministry scorecard, which provides McCarthy and his leadership team with data to monitor their program results.

As Foster explained:

*We have utilized our performance data to make improvements in our program design. At My Sister's Place Women's Center, for example, after tracking employment placements and retention, we realized we could do better, so we created an internship program to better prepare women for employment. Another example is from Our Daily Bread Employment Center. After serving meals as a "soup kitchen" for decades, we wanted to have a more long-term impact so we created an employment and housing program. One of the "job readiness" training programs, Work for Success, changed its curriculum several times based on tracking outcome data in order to better meet client needs to achieve better long-term employment outcomes.*

### **Other Homeless Ministries**

#### ***Jewish Community Services***

Jewish Community Services (JCS) of Baltimore was launched in 2008 as a consolidation of four separate Jewish community service agencies: Jewish Family Services, Jewish Vocational Service, Jewish Addiction Services, and Jewish Big Brother/Big Sister League. As a result of this consolidation, JCS is somewhat unique among Jewish community-based agencies across the country in terms of its ability to address needs in a more comprehensive manner. As a single point of entry for meeting a variety of social, emotional, financial, vocational, and other needs, JCS's extensive array of services also creates more opportunities for collaborations. JCS provides a wide array of homeless prevention programs ranging from mortgage and rent payment subsidies (based on strict eligibility criteria), therapy to address barriers to employment, and job training for placement into employment.

Among the outcomes that JCS has achieved over the past year are:

- Serving 836 job seekers, who collectively achieved \$5.1 million in annual salaries;
- Assisting 1,400 people with basic needs, disbursing almost \$2.5 million in direct assistance; and
- Helping over 1,700 adults and 300 children in enhancing their mental health and well-being



**COMMUNITY SERVICES**

**DIVISION DASHBOARD TABLES**

Report Data Begin Date: **7/1/15**  
Report Data End Date: **10/31/15**

CLIENTS SERVED	6,556
Anna's House	20
CmHs Believe	73
CmHs Fresh Start (Perm)	10
CmHs Fresh Start (Trans)	8
CmHs Holden/Hosanna	28
CmHs Launch2	38
CmHs Promise	6
CmHs Reach	80
ODBEC I+R	1,343
ODBEC W4S	57
ODBEC Christopher Place	108
MSP Women's Center	510
MSP Family Stability	25
MSP Samaritan Center	18
MSP Lodge	42
WHRC	695
Sarah's House (ES)	282
Sarah's House (TH)	68
Sarah's House (AC)	87
Esperanza Center (ALL)	3,388

MEALS	BEDNIGHTS	MSPSC AID
190,292	50,079	\$109,737.65

AH	-	3,109
CP	7,296	4,109
ODB	91,490	-
WHRC	54,482	32,839
SH	10,038	7,730
MSPWC	26,986	-
MSPCL	-	2,292

EMPLOYMENT	CLIENTS EMPLOYED	% WITH BENEFITS	MEDIAN WAGE	AVG WAGE	% EARNING >\$10	MEDIAN HOURS	% WORKING >32 hrs
	143	38.5%	\$10.00	\$12.90	65.7%	40	73.4%

Placing Program	Employed	% with Benefits	Median Wage	Average Wage	% earning >\$10	Median Hours	% working >32 hrs
Anna's House	3	33.3%	\$10.50	\$13.63	66.7%	32.5	66.7%
Cm Hs - REACH	1	100.0%	\$10.00	\$9.92	100.0%	40	100.0%
Cm Hs - REACH (men)	10	80.0%	\$10.75	\$11.26	90.0%	40	100.0%
General Placement	22	40.9%	\$10.50	\$11.84	63.6%	40	95.5%
MSP - Lodge	1	0.0%	\$9.50	\$9.50	0.0%	8	0.0%
MSP - Women's Center	3	33.3%	\$10.62	\$10.06	100.0%	40	66.7%
ODBEC - Christopher Place	14	85.7%	\$11.00	\$10.89	78.6%	40	71.4%
ODBEC - Work4Success	32	50.0%	\$10.00	\$12.67	84.4%	40	90.6%
Sarah's House - Aftercare	14	7.1%	\$9.50	\$13.23	42.9%	40	85.7%
Sarah's House - ES	43	16.3%	\$9.80	\$11.19	51.2%	25	41.9%
Sarah's House - TH	8	0.0%	\$9.00	\$9.98	25.0%	25	37.5%

EMPLOYMENT RETENTION	
Employed During FY15	395
Retention Confirmed at 6m	115
Retention % all Clients	29.11%
Retention Confirmed at 12m	54
Retention % all Clients	13.67%

HOUSING	CLIENTS PLACED INTO HOUSING	% PLACED INTO UNSUBSIDIZED
	244	62.7%

	Clients	% Unsub
MSPWC Successful Referrals	19	26.3%
ODBEC I&R Successful Referrals	24	50.0%
WHRC Housing Exits	57	29.8%

Program Name	Clients Placed	% Unsub
Anna's House	2	100.0%
Christopher Place	8	50.0%
CmHs - Holden Hall Hosanna House	0	0.0%
CmHs - Project Fresh Start Permanent	4	50.0%
CmHs - REACH	6	100.0%
My Sister's Place-The Lodge	11	0.0%
Sarah's House Emergency Shelter	99	96.0%
Sarah's House Transitional Housing	14	71.4%

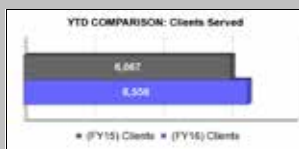
ESPERANZA CENTER	
Unique Clients	3,388
Client Services	2,737
ESL	342
Clinic	579
ILS	86
Total Service Visits	8,871
Client Services	4,473
ESL	3,464
Clinic	934
ILS	N/A

CLIENT SERVICES	
Unique Clients	2,737
Clients sponsoring UACs	48
UACs reunited w/family	
UACs enrolled in school	
ESL	
Unique Clients	342
Clients Tested	192
Testing at Literacy	37.5%
Increasing Skill Level	10.4%

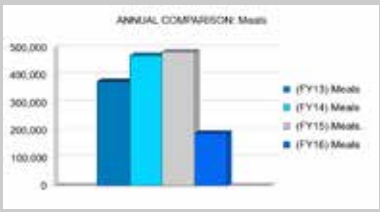
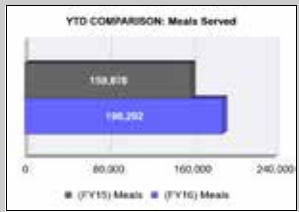
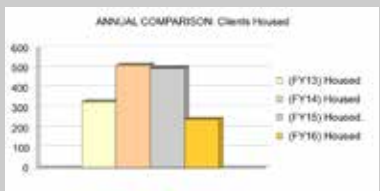
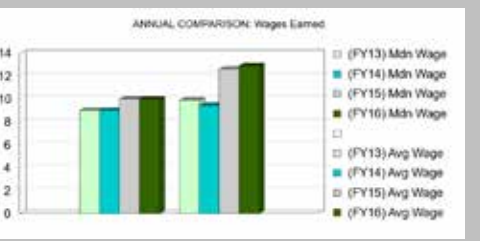
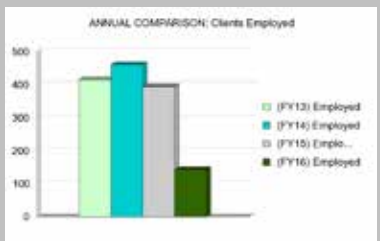
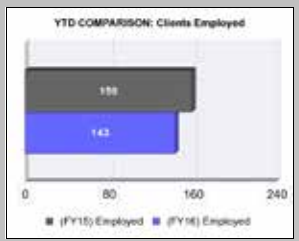
MEDICAL CLINIC	
Unique Clients	579
ER diverted	565
Primary Care	501
Dental Care	95
Chronic Conditions	120
% Controlled	56.7%
TAP Screened	46



**COMMUNITY SERVICES**

**DIVISION DASHBOARD TABLES**

Report Data Begin Date: **7/1/15**  
Report Data End Date: **10/31/15**



***The Projected Taxpayer Impact and Benefit of Faith-Based Services to the Homeless***

The estimated taxpayer impact of FBOs, specifically related to residential recovery and job readiness (RRJR) programs, is based on a sampling of FBOs representing 71% of all RRJR beds<sup>59</sup> in Baltimore included in the HIC. Based on these results, we estimate that these FBOs invest about \$7.5 million per year. These programs have about 287 successes annually, for an average estimated cost/successful outcome of \$25,983.

An estimated 79% of these successes (227) maintain their employment (or some other stable source of income) and housing at follow-up.<sup>60</sup> The estimated average 3-year taxpayer savings for program successes who maintain independence is \$4.2 million, for a total estimated savings of \$3.9 million, which is net of any public (e.g.,) funding received from these programs.

The estimated overall 3-year ROI for these programs (\$4.2million savings divided by \$7.5 million in costs) is \$0.56 in taxpayer savings for every \$1.00 invested in these programs with public and private dollars. The taxpayer ROI, calculated by the total estimated 3-year taxpayer savings (\$4.2 million), divided by estimated annual public dollars invested in faith-based RRJR programs (\$314,000), is \$13.33 for every \$1.00 in public (governmental) funding.

**TABLE B-1: BALTIMORE ROI CALCULATIONS**

ITEM	REF.	CALCULATION	RESULT
Total estimated annual RRJR program costs for FBOs in Baltimore CoC	A	Based on survey sampling of FBO RRJR programs representing 71% of all RRJR beds, as per Baltimore. HIC.	\$7,457,000
Total estimated number of “successes” per year (individuals completing all or a material part of designated programs)	B	Based on survey sampling of FBO RRJR programs representing 71% of all RRJR beds, as per Baltimore. HIC.	287
Cost per success	A/B	Estimated annual RRJR program cost divided by estimated number of successes	\$25,983
Estimated percent of successes maintaining stable income and housing at follow-up.	C	Based on survey sampling of FBO RRJR programs representing 71% of all RRJR beds, as per Baltimore. HIC.	79%
Number of successes maintaining stable income and housing at follow-up.	B * C	Total estimated number of successes times the percentage of successes maintaining stable income and housing at follow-up.	227
Total estimated 3-year taxpayer savings.	D	Based on estimated taxpayer savings from RRJR program successes maintaining stable income and housing at follow-up in terms of: increased income tax revenues, reduced drug treatment and healthcare costs, and reduced Child Protective Services costs.	\$4,186,000
Total estimated annual public (i.e., government) dollars invested in faith-based RRJR programs	E	Based on survey sampling of FBO RRJR programs representing 71% of all RRJR beds, as per Baltimore. HIC.	\$314,000
Estimated 3-year taxpayer ROI for faith-based RRJR programs per \$1.00 investment	D / E	Total estimated 3-year taxpayer savings, divided by estimated annual public dollars invested in faith-based RRJR programs.	\$13.33
Total overall estimated 3-year ROI for faith-based RRJR programs per \$1.00 investment	D / A	Total estimated 3-year taxpayer savings, divided by total estimated annual faith-based RRJR program costs	\$.56

<sup>59</sup> These are referred to by HUD as Transitional Housing beds.

<sup>60</sup> Follow-up can range anywhere from 3 to 24 months, with the average length of follow-up being 12.8 months.



# DENVER



## Denver

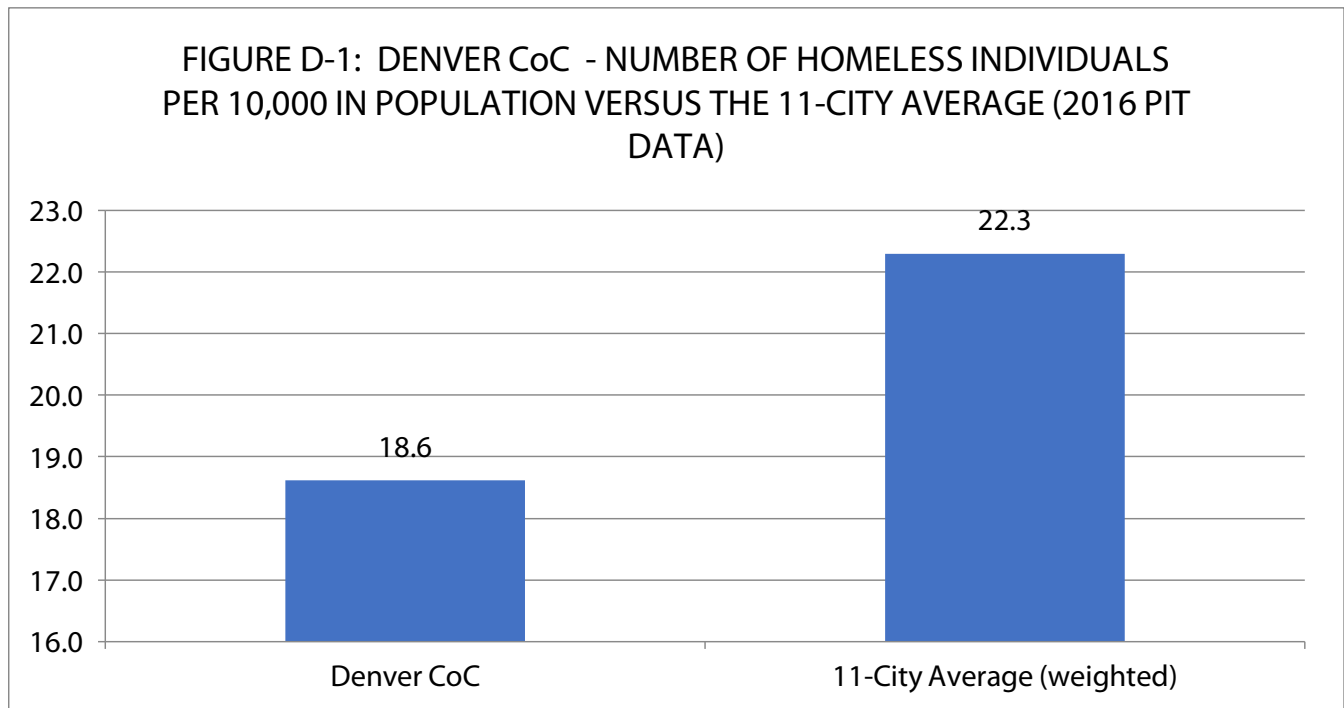
### Background – General Findings

The state of Colorado, according to the 2015 Annual Homeless Assessment Report to Congress (AHAR), had the 2nd largest overall increase in the number of homeless veterans (197) since 2014, and also the 2nd largest percentage increase for homeless veterans among the five states with the largest overall increases in homeless veterans (26.2%) since 2014.

Denver itself is ranked 7th highest among major cities in the nation in the total number of homeless individuals in families with children (2,296).

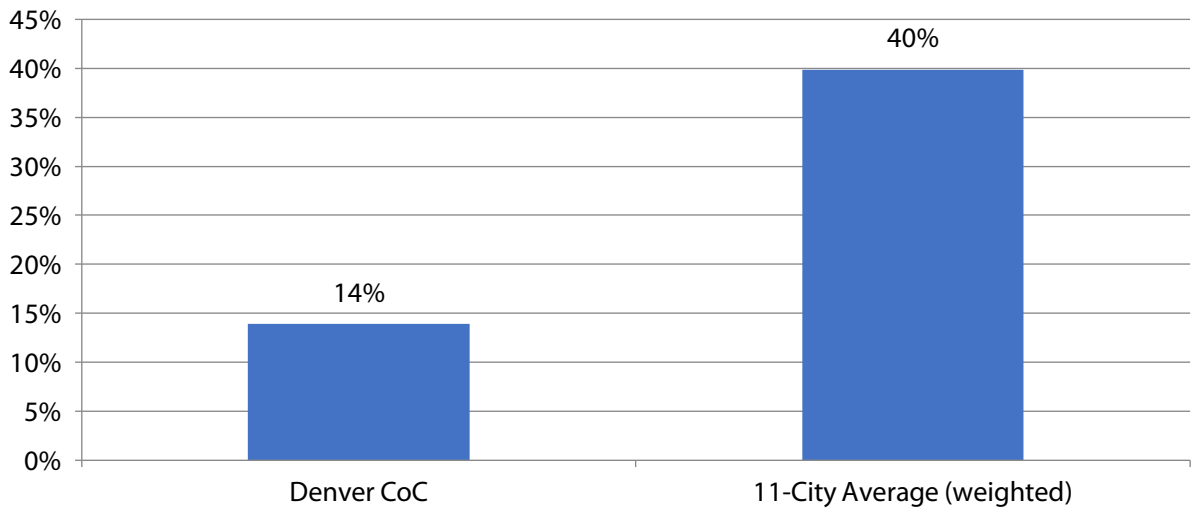
### Background – Specific Findings

The Denver CoC is one of seven cities in our 11-city study with a catchment area that covers the greater Denver metropolitan area.<sup>61</sup> As shown in Figure D-1 below, the CoC measures for the Denver CoC are among the better among the cities in our study, ranking 8th highest, slightly below the 11-city average, in terms of the number of homeless men and women per 10,000 population and well below the 11-city average in terms of the percentage of the homeless population that are unsheltered (see Figure D-2 (next page)).



<sup>61</sup> The Metro Denver Homeless Initiative (CoC) is comprised of the seven metro counties: City and County of Denver, City and County of Broomfield, Arapahoe, Jefferson, Douglas, Boulder and Adams counties.

FIGURE D-2: DENVER CoC - PERCENTAGE OF UNSHELTERED HOMELESS INDIVIDUALS VERSUS 11-CITY AVERAGE (2016 PIT DATA)



**Emergency Shelter Beds**

As shown in Figure D-3 below, an estimated 56% of all Emergency Shelter (ES) beds in Denver are provided by Faith-Based Organizations (FBOs), based on the 2016 Housing Inventory Count (HIC) data provided to HUD by the lead Continuum of Care (CoC) agency, Metro Denver Homeless Initiative.

FIGURE D-3: DENVER EMERGENCY SHELTER BEDS (2016 HIC DATA)

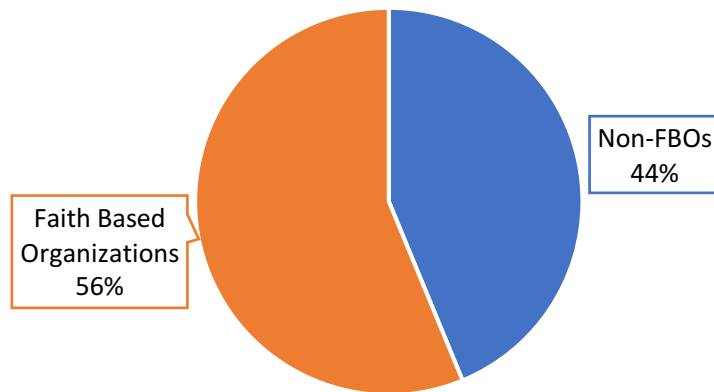


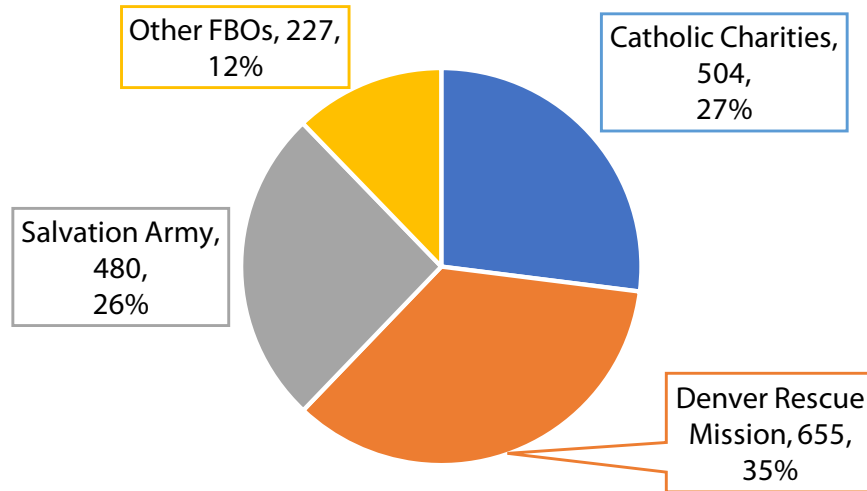
Figure D-4 (next page) shows that 35% of the 1,858 FBO-provided ES beds are through Denver Rescue Mission, 27% through Catholic Charities, and 26% through the Salvation Army.

**Government/FBO Collaboration**

When it comes to addressing homelessness, people often assume that HUD and its infrastructure of lead CoC agencies take primary leadership in policy development, program implementation, and



FIGURE D-4: DENVER FAITH-BASED EMERGENCY SHELTER BEDS BY ORGANIZATION (2016 HIC DATA)



funding to coordinate federal investment of taxpayer dollars. As shown in the two examples below, however, considerable leadership activity occurs through local government (e.g., municipal, county) and amongst FBOs themselves.

### ***Denver's Road Home***

Denver's Road Home (DRH) is a mayoral initiative established in 2005 by then mayor (now governor) John Hickenlooper. DRH initially worked with 20 area service providers (now up to 57 organizations) to administer coordinated shelter, outreach, job placement and training, and other services for people who are homeless or at-risk of homelessness. At the time DRH was created, Denver had an estimated 960 chronically homeless individuals in downtown. By 2010, that number was reduced by 75%.

Executive Director Bennie Milliner provided the framework for how DRH exerts its leadership:

*We are not a direct service agency, but we do play four important roles in addressing homelessness in the city. First, we are conveners, utilizing our place within the mayor's office as a bully pulpit to encourage collective action. Second, we act as advocates for the homeless and their service providers, keeping the problem of homeless in the public eye. Third, we help promote innovation, particularly as it relates to the unique challenges of new types of homeless populations, such as we have seen among families and youth. Fourth, we play an important role in sustaining programs aimed at both serving the homeless with dignity and reducing homelessness altogether. While technically we only serve the city, we really are the only organized city funded effort to address homelessness in the entire metro region. Our primary partners in this effort are faith-based organizations. They don't proselytize but instead let their ministry serve as the visible expression of their walk. The critical role of faith-based organizations,*

*and our appreciation and indebtedness to their contribution to the public good in this area, is something that we in city government need to be better at acknowledging and communicating.*

### **The Big Four**

The faith community is also a significant source of leadership in addressing homelessness in Denver. Beginning in April of 2016, the directors of Denver Rescue Mission, Catholic Charities, Salvation Army, and Volunteers of America (VOA) have initiated monthly face-to-face meetings in an effort to reduce duplication and improve their collaboration.

As Colonel Daniel Starrett, Divisional Commander for the Intermountain region of Salvation Army, described:

*We all came to the conclusion that the four organizations should try to work more closely together, and it was through this forum that we engineered the program "swap" with Catholic Charities to allow us to focus exclusively on single men, along with Denver Rescue Mission, and for Catholic Charities to concentrate its efforts on women with children. The VOA focused much of its efforts on single women and veterans, so collectively we had all our bases covered. This collaboration is also important for us to communicate a common message when responding to government, particularly at the municipal level.*

### **Highlighted FBO homeless service providers**

#### **Denver Rescue Mission**

Denver Rescue Mission's (DRM) roots were established in a rescue home for women founded by Rev. Joshua Gravett, pastor of Galilee Baptist Church. In 1892, the shelter opened in the home of two women from Gravett's congregation. The Rescue Home soon merged with the Florence Crittendon Mission and Home for Women in late 1892. Today, DRM provides over 1,100 beds through three emergency shelters and four residential recovery and job readiness (RRJR) programs.

Brad Meuli, who assumed his role as President/CEO for DRM back in 2001, is part of a new cadre of Gospel Rescue Mission leaders nationwide who are re-thinking how best to minister to the present-day needs of the homeless population.

As Meuli explained:

*I think that what we are learning is that Bible thumping doesn't work, and what we need to get better at is developing relationships with the people we are trying to help. What that means, in many instances, is we are planting the seed and ploughing the field, in spiritual terms, and maybe someone else reaps the harvest in the form of a transformed life.*

Advancing a more collaborative approach among the various agencies interacting with the homeless population is another key characteristic of this new leadership style. For example, in collaboration

with the city of Denver, the Denver Rescue Mission operates a temporary emergency shelter, and the city provides transportation for the homeless to the shelter. DRM also works with the police department, local businesses, and the mayor's office to address the problem of homelessness in Denver's downtown areas.

Finally, another common trait with this new approach is a much more rigorous effort towards data collection, particularly as it pertains to program outcomes.

As John Morarie, Director of Operations and Impact for DRM, explained:

*The first step in our process to develop outcomes reporting was to determine what success means for someone going through our program. We identified four key outcomes: they (1) provide for their own housing; (2) maintain full-time employment; (3) are connected to a healthy community like a church; and (4) demonstrate success in overcoming destructive habits. Our next challenge was to ensure that all program goals and activities were contributing to the four main outcomes we are trying to achieve.*

*In order to validate measuring each metric as a success or not, we first ensure that our participants are given the tools to achieve a positive outcome. In the treatment plan, you will see steps, goals, and outcomes under each metric. Looking at the Employment Metric [see Exhibit D-1 (next page)], our first outcome is Awareness and Management of Physical Health. We believe that an individual that is taking care of their health and aware of any physical limitations will be more successful in finding and maintaining full time employment. To achieve this outcome, there are two goals to be attained: Health Reality and Management of Physical Health Issues. The steps are the actionable items that each participant completes over the course of their time in the program. These steps are monitored by different staff that walk alongside and uphold accountability to our participants. For example, our chaplains help the participants create an exercise and diet plan but are not the ones overseeing a physical exam. Each step helps our participants get closer to achieving a goal, which achieves an outcome, which translates into the metric we measure after they leave the program.*

DRM has a 70% response rate on a self-reported survey they send out to former clients a year after exit from one of their RRJR programs, and thus far, 85% have successfully obtained their own housing, and 60% have achieved all four of the aforementioned milestones.

### **Catholic Charities**

In addition to its 250 Emergency Shelter beds, Catholic Charities of Denver (CCD) also operates 260 RRJR beds through three different sites, two of which serve homeless veterans. In addition, CCD also manages 27 HUD Section 8 properties<sup>62</sup> containing 1,900 units, including 14 properties in Denver that account for 1,100 of those 1,900 residential units.

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<sup>62</sup> Section 8 of the Housing Act of 1937 (42 U.S.C. § 1437f), often called Section 8, as repeatedly amended, authorizes the payment of rental housing assistance to private landlords on behalf of approximately 4.8 million low-income households, as of 2008, in the United States. The largest part of the section is the Housing Choice Voucher program which pays a large portion of the rents and utilities of about 2.1 million households. The U.S. Department of Housing and Urban Development manages Section 8 programs.

EXHIBIT D-1: DENVER EMPLOYMENT METRIC

Metric	Maintain Sustainable FT Employment/Equivalent Income	Complete By:	Assigned To:	Required:
<b>Outcome</b>	• Awareness and Management of Physical Health	Phase 2	All Staff	Required
<b>Goal</b>	• Health Reality	PC	Clinic/Chaplain	Required
<b>Step</b>	- DRM WT Self - Assessment	PC	Clinic/Off site Dr.	Required
	- Doctor Physical Assessment			Required
	- Insurance/Primary Care Doctor		Chaplain	Required
	- TB Cards			Required
	- Veteran Benefits for Medical Purposes			Optional
	- Special Needs/Disability Accommodations			Optional
<b>Goal</b>	• Management of Physical Health Issues	Phase 2	Chaplain	Required
<b>Step</b>	- Emergency Optical/Dental Work Performed	PC	Clinic/Chaplain	Required
	- Medication (Not Mental Health Related)	PC	Chaplain	Optional
	- Nutrition Class	Phase 2	LEC	Required
	- Exercise/Diet Plan	PC	Chaplain	Optional
	- Remedial Optical and Dental Work Performed	Phase 2	Clinic/Off site Dr. (Medicaid)	Optional
<b>Outcome</b>	• Awareness and Management of Legal Matters	By Graduation	Chaplain	Required
<b>Goal</b>	• Legal Reality	Phase 1	Chaplain	Required
<b>Step</b>	- Run Background Check	PC	Chaplain	Required
	- Notification of pending Legal Matters	Phase 1	Chaplain	Required
<b>Goal</b>	• Compliance with Legal Mandates	By Graduation	Chaplain	Required
<b>Step</b>	- Plan in place for pending background check items	Phase 1	Chaplain	Required
	- Compliance with Court Mandates	Phase 2	Chaplain	Required
	- Record Sealing/Expungement	By Graduation	Chaplain	Optional
<b>Goal</b>	• Obtain Identification	Phase 2	Chaplain	Required
<b>Step</b>	- Process of obtaining ID, SS, BC, DL, Military ID, VA Card	Phase 1	Chaplain	Required
	- Acquire ID, SS, BC, DL, Military ID, VA card	Phase 2	Chaplain	Required
<b>Outcome</b>	• Transportation Preparation	By Graduation	Chaplain	Required
<b>Goal</b>	• Needed Documentation to Drive (If Applicable)	By Graduation	Chaplain	Required
<b>Step</b>	- DL	By Graduation	Chaplain	Required
	- Insurability/Insurance	By Graduation	Chaplain	Required
	- Communicate with agency if there are holds on DL	Phase 1	Chaplain	Required
	- SR-22 (Non-Owners Insurance)	Phase 3	Chaplain	Optional
<b>Goal</b>	• Employment Transportation Plan	In Phase 3	Chaplain	Required
<b>Step</b>	• Receive Vehicle/RTD Pass/Bike (If Applicable)	Graduation	Chaplain	Required
<b>Step</b>	- Choose Vehicle/RTD Pass/Bike	In Phase 3	Chaplain	Required
<b>Outcome</b>	• Job Readiness	Phase 2	All Staff	Required
<b>Goal</b>	• Competency in skill/task (Work Therapy)	Phase 1	Work Therapy Supervisor	Required
<b>Step</b>	- Fulfills basic job description	Phase 1	Work Therapy Supervisor	Required
<b>Goal</b>	• Working Collaboration (Work Therapy)	Phase 1	Work Therapy Supervisor/Chaplain	Required
<b>Step</b>	- With Supervisor	Phase 1	Work Therapy Supervisor	Required
	- With Peers	Phase 1	Work Therapy Supervisor/Chaplain	Required
<b>Goal</b>	• Responsibility to community (Work Therapy)	Phase 2	Work Therapy Supervisor/Chaplain	Required
<b>Step</b>	- Connect with greater purpose			
<b>Step</b>	- Hour Fulfillment by Phase	Phase 2	Work Therapy Supervisor/Chaplain	Required
<b>Goal</b>	• Employment Plan (Career Development)	Phase 2	LEC	Required
<b>Step</b>	- Resume/Cover Letter/Job Application	Phase 2	LEC	Required
	- Understand the difference between a job and career	Phase 2	LEC	Required
	- Identifying and putting my strengths to work	Phase 2	LEC	Required
	- Interview Training	Phase 2	LEC	Required
	- Tools to keeping a job	Phase 2	LEC	Required
<b>Goal</b>	• Improve basic keyboard skills (Education)	Phase 1	LEC	Required
<b>Step</b>	- Assess Basic Computer Knowledge	Phase 1	LEC	Required
	- Utilize Mavis Beacon	Phase 1	LEC	Required
<b>Goal</b>	• Increase familiarity with computer applications and email (Education)	Phase 1	LEC	Required
<b>Step</b>	- Use "Professor Teaches" (and Tutoring)	Phase 1	LEC	Required
<b>Goal</b>	• Coordinate with Additional Job Readiness Services	Phase 3	Chaplain	Required
<b>Step</b>	- Workforce Development	Phase 3	Chaplain	Required
	- Vocational Rehab	Phase 2	LEC	Required
	- VA Benefits	Phase 3	Chaplain	Required
<b>Goal</b>	• Receive a GED (Education)	Phase 3	LEC	Optional
<b>Step</b>	- Increase Academic Ability	Phase 3	LEC	Optional
	- Increase confidence in passing GED	Phase 3	LEC	Optional
<b>Goal</b>	• Higher Education (Education)	Phase 3-5	LEC	Optional
<b>Outcome</b>	• Gain Employment	In Phase 3	All Staff	Required
<b>Goal</b>	• Obtaining Adequate Income	In Phase 3	Employment Coordinator/Chaplain	Required
<b>Step</b>	- Include any non employment assistance	In Phase 3	Chaplain	Required
	- Questionnaire of Employment	In Phase 3	Employment Coordinator/Chaplain	Required
<b>Step</b>	- Debt to Income Ratio + Housing Ratio	In Phase 3	Chaplain	Required
<b>Goal</b>	• Confirmation of Employment	In Phase 3	Employment Coordinator/Chaplain	Required
<b>Step</b>	- Pay Check Stub	In Phase 3	Chaplain	Required
<b>Goal</b>	• Financial Plan with Employment	In Phase 3	Chaplain	Required
<b>Step</b>	- Initiating Savings Plan	In Phase 3	Chaplain	Required
	- Initiating Debt Repayment Plan	In Phase 3	Chaplain	Required
<b>Step</b>	- Create Budget	In Phase 3	Chaplain	Required

CCD exemplifies a characteristic common to many FBOs in terms of their flexibility in their effort to find underserved areas of need. The other characteristic, which often accompanies this flexibility, is the collaborative nature of CCD with other faith and community-based organizations.

As Laurence Smith, President and CEO of CCD, explained:

*A year or so back, we conducted a gap analysis of the communities we serve and identified senior citizens, single women, and single women with children as three populations in need of more support in our community.... We then met with the Salvation Army and transferred our "dry"<sup>63</sup> men's shelter to them and opened the first permanent emergency shelter for women.*

*The motto I lead by and communicate to all my staff is "Do well and do good, but one without the other is not good enough." To me, this means work hard to find the greatest need, and once you do, make sure your program actually helps to bring about a positive outcome.*

While Smith and CCD are encouraged in their collaborative efforts among FBOs, he has been frustrated in his efforts to collaborate with federal agencies and leverage public dollars to enhance their ministry efforts. These frustrations arise from burdensome regulations and reporting requirements, as well as from policies for which Smith feels government is over-extending its reach. As Smith described:

*There are some of HUD's recommended guidelines, such as those pertaining to gender identification, which, in my opinion, are placing the women we are serving in harm's way. We are now dealing more often with a population of women who have been victimized by men, some through physical abuse and others through sexual trafficking or other form of sexual exploitation, and as a result are homeless and traumatized. As a shelter we should not subject them to an environment where a male who enters the shelter as a woman last night, but woke up as a man the next day could inflict more emotional, mental or physical damage. Our first duty is to provide a safe shelter for these women to heal and regain their strength and dignity.*

### **Volunteers of America**

Volunteers of America (VOA) has followed a similar historical course as the Salvation Army. In fact, VOA was founded by Ballington Booth and his wife Maud, the son of General William Booth, who founded the Salvation Army. Like the Salvation Army, VOA is, in fact, an inter-denominational church, with the requirement that all Branch presidents be ministers in the church. This year more than 17,000 dedicated volunteers helped VOA's Colorado Branch reach over 200,000 men, women, and children. VOA Colorado has a wide array of ES, Supportive Housing, Transitional Housing, Permanent Supportive Housing (PSH), and Rapid Rehousing (RRH) totaling over 660 beds.

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<sup>63</sup> A "dry" shelter refers to a shelter which requires its residents to be sober as one of the criteria for residence.

Dianna Kunz, D.P.A., President/CEO of the VOA Colorado Branch, described the unique challenges associated with implementing PSH and RRH in contrast with Transitional Housing programs:

*Transitional Housing is essentially a two-step process in which participants are required or expected to accomplish certain tasks but still require assistance at the end of their program to transition into independent living. Transitional Housing, like Emergency Shelters, is somewhat facility-centric, whereby residents all reside in one or more large residential buildings. The Permanent Supportive Housing we provide, in contrast, is scatter-sited across the city. For us to be successful, it is paramount for us to develop good relationships with the landlords and help our clients do the same. Our outcomes have been very good, with 75-80% maintaining employment and paying rent beyond the end of the program.*

**The Projected Taxpayer Impact and Benefit of Faith-Based Services to the Homeless**

The estimated taxpayer impact of FBOs, specifically related to residential recovery and job readiness (RRJR) programs, is based on a sampling of FBOs representing 76% of all RRJR beds<sup>64</sup> in Denver included in the HIC. Based on these results, we estimate that these FBOs, along with the Salvation Adult Rehabilitation Program (ARC), which is not included in the HIC, invest about \$9.9 million per year. These programs have about 919 successes, for an average estimated cost/successful outcome of \$10,751.

An estimated 75% of these successes (679) maintain their employment (or some other stable source of income) and housing at follow-up.<sup>65</sup> The estimated average 3-year taxpayer savings for program successes who maintains independence at follow-up is \$10.3 million, for a total estimated savings of \$8.6 million, which is net of any public (e.g.,) funding received from these programs (see Table D-1).

The estimated overall 3-year ROI for these programs (\$10.3 million in savings divided by \$9.9 million in costs) is \$1.04 in taxpayer savings for every \$1.00 invested in these programs with public and private dollars. The taxpayer ROI, calculated by the total estimated 3-year taxpayer savings (\$10.3 million), divided by estimated annual public dollars invested in faith-based RRJR programs (\$1.7 million), is \$6.03 for every \$1.00 in public (governmental) funding.

<sup>64</sup> These are referred to by HUD as Transitional Housing beds.

<sup>65</sup> Follow-up can range anywhere from 3 to 24 months, with the average length of follow-up being 12.8 months.

TABLE D-1: DENVER ROI CALCULATIONS

ITEM	REF.	CALCULATION	RESULT
Total estimated annual RRJR program costs for FBOs in Denver CoC	A	Based on survey sampling of FBO RRJR programs representing 76% of all RRJR beds, as per Denver HIC.	\$9,880,000
Total estimated number of "successes" per year (individuals completing all or a material part of designated programs)	B	Based on survey sampling of FBO RRJR programs representing 76% of all RRJR beds, as per Denver HIC.	919
Cost per success	A/B	Estimated annual RRJR program cost divided by estimated number of successes	\$10,750
Estimated percent of successes maintaining stable income and housing at follow-up.	C	Based on survey sampling of FBO RRJR programs representing 76% of all RRJR beds, as per Denver HIC.	74%
Number of successes maintaining stable income and housing at follow-up.	B * C	Total estimated number of successes times the percentage of successes maintaining stable income and housing at follow-up.	679
Total estimated 3-year taxpayer savings.	D	Based on estimated taxpayer savings from RRJR program successes maintaining stable income and housing at follow-up in terms of: increased income tax revenues, reduced drug treatment and healthcare costs, and reduced Child Protective Services costs.	\$10,267,000
Total estimated annual public (i.e., government) dollars invested in faith-based RRJR programs	E	Based on survey sampling of FBO RRJR programs representing 76% of all RRJR beds, as per Denver HIC.	\$1,703,000
Estimated 3-year taxpayer ROI for faith-based RRJR programs per \$1.00 investment	D / E	Total estimated 3-year taxpayer savings, divided by estimated annual public dollars invested in faith-based RRJR programs.	\$6.03
Total overall estimated 3-year ROI for faith-based RRJR programs per \$1.00 investment	D / A	Total estimated 3-year taxpayer savings, divided by total estimated annual faith-based RRJR program costs	\$1.04

## Houston

### Background – General Findings

The state of Texas, according to the 2015 Annual Homeless Assessment Report to Congress (AHAR), has experienced some of the most significant decreases in the homeless population since 2007, as shown in Table H-1 (next page):

Nonetheless, Houston ranks high among major cities both in terms of the percentage of unsheltered chronically homeless and the overall number of homeless veterans, as shown in Table H-2 (next page).





**TABLE H-1: TEXAS RANKING FROM 2015 AHAR REPORT**

CHANGE BY TYPE OF HOMELESS POPULATION	TOTAL DECREASE SINCE 2007 (RANK AMONG STATES)	PERCENT DECREASE SINCE 2007 (RANK AMONG FIVE STATES WITH GREATEST DECREASES)
Overall Homeless Population	16,110 (2 <sup>nd</sup> best)	40.5% (2 <sup>nd</sup> best)
Homeless Individuals	10,041 (2 <sup>nd</sup> best)	38.2% (1 <sup>st</sup> best)
Homeless Families with Children	6,069 (1 <sup>st</sup> best)	45% (3 <sup>rd</sup> best)
Homeless Veterans	3,098 (4 <sup>th</sup> best)	56.4% (4 <sup>th</sup> best)
Chronically Homeless	4,153 (2 <sup>nd</sup> best)	52.4% (2 <sup>nd</sup> best)

**TABLE H-2: HOUSTON RANKING ON VARIOUS MEASURES OF THE HOMELESS POPULATION**

TYPE OF HOMELESS POPULATION	NUMBER AS OF 2015	RANKING AMONG LARGE US CITIES
Percentage of Chronically Homeless Unsheltered	91.9%	3 <sup>rd</sup> worst
Number of Homeless Veterans	563	9 <sup>th</sup> worst

***Background – Specific Findings***

The Houston CoC is one of seven cities in our 11-city study with a catchment area that covers the greater Houston metropolitan area.<sup>66</sup> As shown in Figure H-1 (next page), the greater Houston CoC has the lowest average number of homeless men and women per 10,000 population, but, as shown in Figure H-2 (next page), is among the highest (4th) in terms of the percentage of homeless that are unsheltered, although still below the 11-city weighted average (30% versus 40%).

***Emergency Shelter Beds***

As shown in Figure H-3 (next page), an estimated 79% of all Emergency Shelter (ES) beds in Houston are provided by Faith-Based Organizations (FBOs), based on the 2015 Housing Inventory Count (HIC) data provided to HUD by the lead Continuum of Care (CoC) agency, Coalition for the Homeless Houston.

Figure H-4 (next page) shows that over half (53%) of the 1,047 FBO-provided ES beds are through the Star of Hope (SOH) mission, 34% through the Salvation Army, 7% through Mission of Yahweh, and 6% through Open Door Mission.

<sup>66</sup> The greater Houston CoC covers all of Harris County.

FIGURE H-1: HOUSTON CoC - NUMBER OF HOMELESS INDIVIDUALS PER 10,000 IN POPULATION VERSUS THE 11-CITY AVERAGE (2016 PIT DATA)

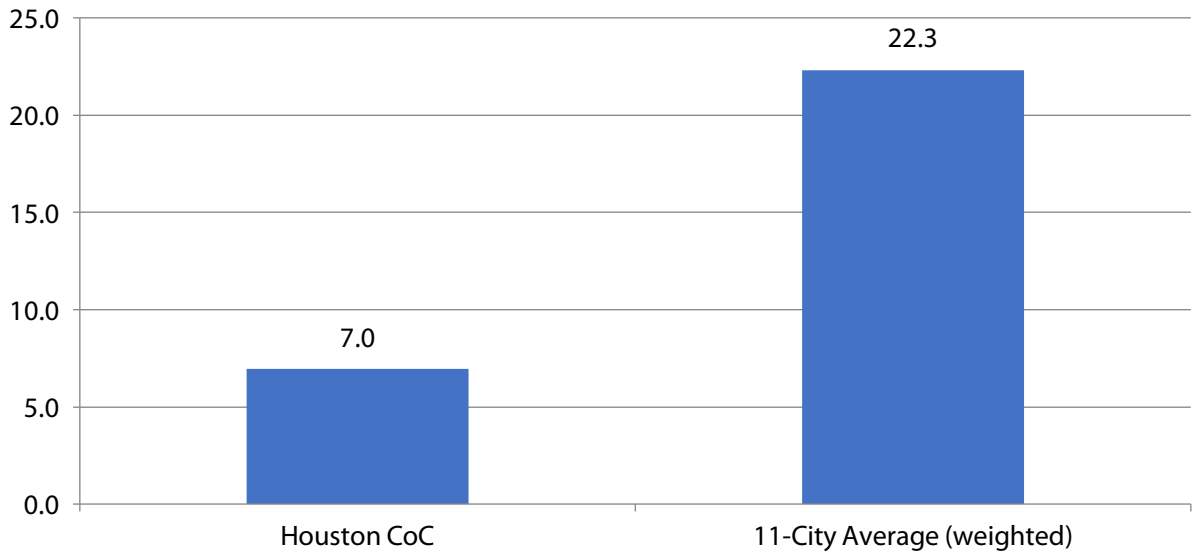


FIGURE H-2: HOUSTON CoC - PERCENTAGE OF UNSHELTERED HOMELESS INDIVIDUALS VERSUS 11-CITY AVERAGE (2016 PIT DATA)

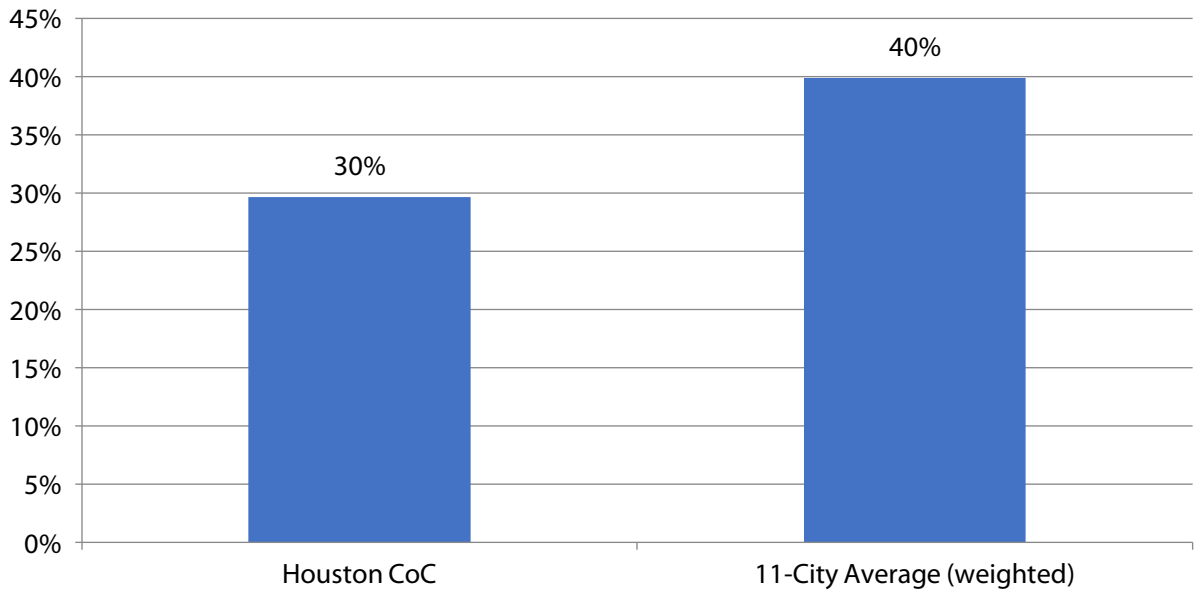


FIGURE H-3: HOUSTON EMERGENCY SHELTER BEDS (2016 HIC DATA)

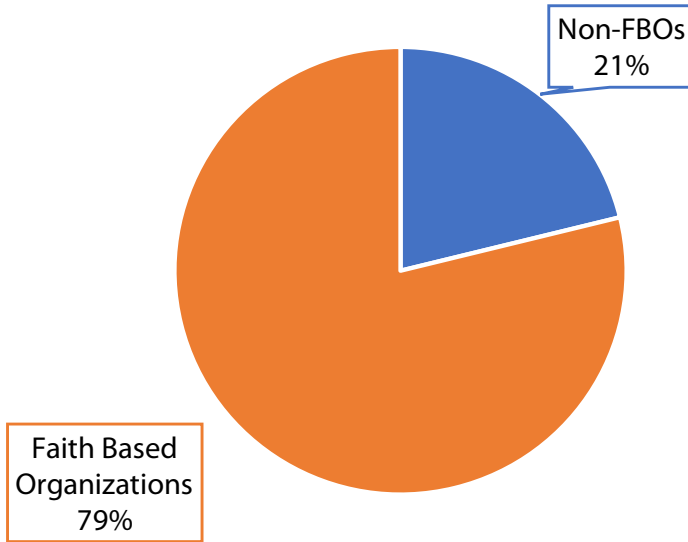
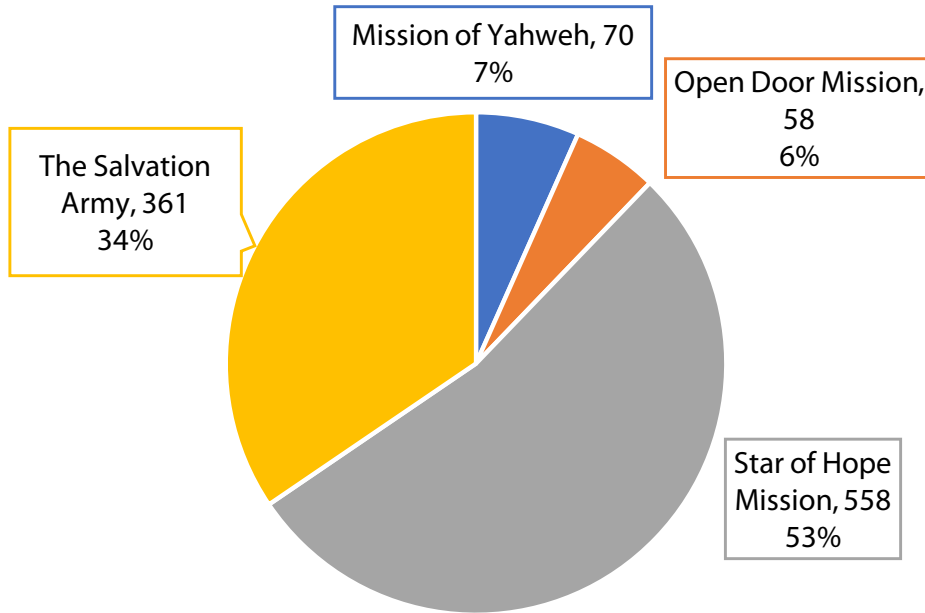


FIGURE H-4: HOUSTON FAITH-BASED EMERGENCY SHELTER BEDS BY ORGANIZATION



**Government/FBO Collaboration**

***Houston Recovery Center/Sobering Center***

A common area of collaboration among government agencies and faith and community-based organizations in addressing homelessness in many cities across the country is the establishment of a sobering center. A sobering center is a facility that provides a safe, supportive environment for mostly uninsured or marginally

housed publicly intoxicated individuals to become sober. Sobering centers relieve police departments of a significant burden of dealing with publicly intoxicated individuals, with whom they previously had no other recourse than to arrest and put in jail. In Houston, it costs the city somewhere between \$4-\$6 million per year to process public intoxication at the city jail, while the newly-established sobering center has an annual operating cost of only \$1.5 million.

Emergency shelters (ES) also benefit from sobering centers "absorbing" intoxicated individuals that often have a disruptive influence in other shelter environments. Once sober, these individuals can be better served through referral from the sobering center to a shelter program or residential recovery program after assessment of their particular needs.

The sobering center in Houston, established in March of 2013, is a local governing corporation (LGC), a corporate entity formed by a municipality or county to act on behalf of the government. The Houston Recovery Center/Sobering Center, as it is called, utilizes a building owned by the Star of Hope Mission (SOH), which leases to the LGC at cost. The terms of the lease require that half the board consists of members assigned by SOH and that the appointed board chair is someone agreed upon by both the city and SOH.

Hank Rush, President and CEO of Star of Hope, described the importance of the partnership's structure:

*Since taking the helm of Star of Hope in 2008, I have emphasized the importance of collaboration and partnership with government as well as with other faith-based and secular programs serving the homeless. Establishing this sobering center is a hallmark of that collaboration. The care that we took in the composition of the board for the sobering center was designed to ensure the long-term viability of that collaboration.*

#### **Open Door Mission – Veterans Administration**

There has been a significant and focused effort on the part of the Obama Administration in recent years to address better the needs of homeless veterans and to provide them with more stable housing. As mentioned in the above Background section for Houston, the state of Texas has been at the forefront of these efforts, with a 56.4% reduction in veteran homelessness since 2007, the 4th highest such decrease in the nation among the five states with highest overall decreases. Open Door Mission (ODM) is collaborating with Veterans Administration (VA) to provide shelter and housing for veterans. As ODM Executive Director Tommy Thompson explained:

*A representative from the VA visited our facility recently. He got a chance to get a feel for the orderliness, peacefulness, the cleanliness, and the genuine care and respect we show, and expect in return, for our shelter guests. After the tour, the guy from the VA said, "This is so different from what I have experienced at city shelters and other places. I want this for our veterans." We are now in negotiations to establish a 56-bed unit within Open Door Mission that will be dedicated to veterans. There were no requirements for us to change who we were and what we*

*do as a faith-based organization, and veterans are free to participate, or not participate, in any of our Bible Studies or times of worship.*

**Highlighted FBO homeless service providers**

***Star of Hope Mission***

Star of Hope Missions (SOH) was established in 1907 by Reverend Dennis Pevoto, a Baptist minister, and Evangelist Mordecai Ham, with Richard Dowling, a recovering alcoholic, appointed as its first director. In 1986, SOH opened the Women and Family Emergency Shelter, followed two years later by the Transitional Living Center, which offered a year-long residential program for homeless women and families.

Today, SOH provides a total of over 1,100 ES, residential recovery and job readiness (RRJR), and permanent supportive housing beds, and is one of the largest rescue missions in the country. SOH is now breaking ground for a new 48-acre site to be called Cornerstone Community (CC), which will consolidate SOH's housing programs for women and families (See Exhibit H-1) for a campus plan of the new site). Cornerstone Community, with an estimated capital cost of \$65 million, will house a full range of programs, services, and beds, beginning with homeless prevention programs through outreach, education, counseling, referrals, and food assistance. CC will provide a continuum of housing services as well, from ES and RRJR housing to affordable housing that will sustain 500 to 1,000 individuals and families.

**EXHIBIT H-1: CAMPUS PLAN OF THE NEW STAR OF HOPE SITE**



As Hank Rush explained:

*One of the challenges we have faced in helping the women and families we work with is retaining the stability from the sense of community and relational assets they have gained. However, our current emergency shelter program for women is in a downtown area where, once they complete the program, they could not afford to rent. This means they have to move away from where their relationships and community were established, take their kids out of school, and thus experience yet more disruption in their lives.*

*With Cornerstone, families can move from transitional housing seamlessly into affordable housing, and the community where we're located is one that they could afford in terms of rent. We think this will improve our ability to restore homeless women and children to mainstream living within a healthy, nurturing community.*

### **Salvation Army**

The Salvation Army (SA) in Houston also administers a full range of housing programs, including 40 permanent supportive housing, 172 rapid rehousing, and 90 RRJR beds in addition to the 361 ES beds<sup>67</sup> they provide. SA recently lost HUD funding for 30 of their transitional housing beds for women through a program known as Sallie's House, but plan to raise funds to continue to keep those beds open.<sup>68</sup> Another contribution made by SA in the area of homeless services is the quality and professionalism of their caseworkers and case managers, a strength for which many FBOs are recognized among government and secular community-based organizations.

As Major Chris Flanagan, then director of Salvation Army programs in Houston, explained:

*The lead CoC agency in Houston, Coalition for the Homeless, contracts with us for our caseworkers. Caseworkers working within FBOs like Salvation Army seem much more adept at networking with their counterparts in secular organizations than vice versa. I think this is because of the highly relational nature of FBO ministries, which tend to be more holistic in their approach to meeting needs and providing help.*

### **Other Homeless Ministries**

#### **WorkFaith Connection**

The WorkFaith Connection (WFC) is a FBO developed in 2006 to address the challenges faced by unemployed men and women in Houston who have a desire to become contributing members of society. The WFC program model is a combination of an award-winning secular job skills program (Cincinnati Works), undergirded by a faith component (provided by WFC), and complemented by a rigorous follow-up for clients placed into employment.

<sup>67</sup> Bed counts are based on the 2015 Housing Inventory Count.

<sup>68</sup> Transitional housing beds were de-funded in a number of the cities in our study, primarily as a result of Housing First's shift of resources away from TH beds and more towards Permanent Supportive housing and Rapid Re-housing beds (as described in the Background section of this report).

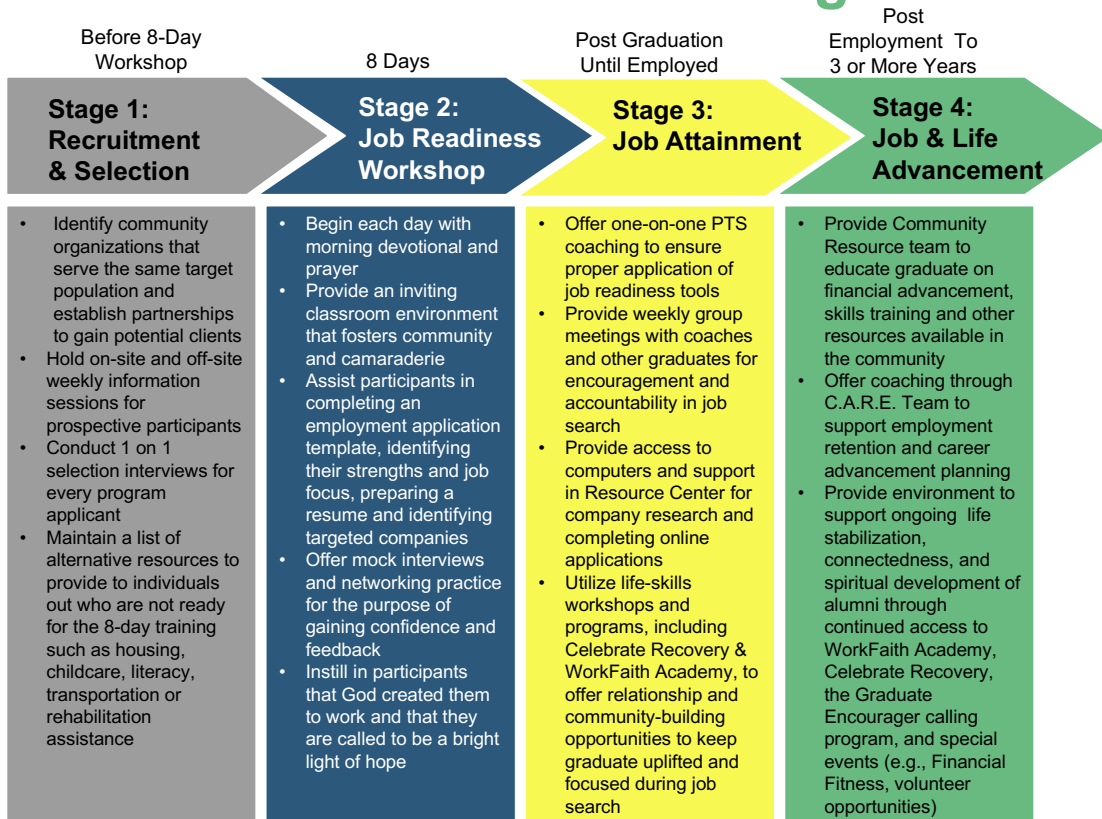
WFC believes strongly in assisting its clients with personal as well as professional skills development. As Sandy Schultz, Executive Director, described:

*Our program is highly relational, and that works in both directions. We work very hard at becoming a sort of interim family for our clients during their transition to independence, especially for those referrals we receive from ministries like Star of Hope. However, we also see accountability as an act of love, to move clients away from what I would call a mindset of entitlement, where they feel as though somebody owes them something, towards a mindset of gratitude.*

(See Exhibit H-2 for an outline of this process)

## EXHIBIT H-2 THE WORKFAITH CONNECTIONS PROGRAM PLAN

# The WorkFaith Connection Program Plan



These efforts to inculcate accountability among its program participants is demonstrated by the fact that 76% of WFC clients become employed by means of the job-seeking skills they learned while attending the intensive job search boot camp. In fact, 70% of those clients actually get the job on their own. Most WFC graduates that become employed stay connected with the organization. WFC's track record with clients indicates that if a graduate stays connected, they will always eventually get a job. Sometimes, however, a client's life circumstances change, and they quit looking for a job in order to return to school or because of health or family issues.

***The Projected Taxpayer Impact and Benefit of Faith-Based Services to the Homeless***

The estimated taxpayer impact of FBOs, specifically related to residential recovery and job readiness (RRJR) programs, is based on a sampling of FBOs representing 81% of all RRJR beds<sup>69</sup> in Houston. Based on these results, we estimate that FBOs in Houston, including the Salvation Adult Rehabilitation Program (ARC), which is not included in the HIC, invest about \$13.3 million per year. These programs have about 720 successes, for an average estimated cost/successful outcome of \$18,428.

An estimated 72% of these successes (522) maintain their employment (or some other stable source of income) and housing after one year. The estimated average 3-year taxpayer savings for program successes who maintain independence after one year is \$10.5 million, for a total estimated savings of \$9.3 million, which is net of any public (e.g.,) funding received from these programs.

The estimated overall 3-year ROI for these programs (\$10.5 million in savings divided by \$13.3 million in costs) is \$0.79 in taxpayer savings for every \$1.00 invested in these programs with public and private dollars. The taxpayer ROI, calculated by the total estimated 3-year taxpayer savings (\$10.5 million), divided by estimated annual public dollars invested in faith-based RRJR programs (\$1.2 million), is \$8.99 for every \$1.00 in public (governmental) funding.

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<sup>69</sup> These are referred to by HUD as Transitional Housing beds.



TABLE H-3: HOUSTON ROI CALCULATIONS

ITEM	REF.	CALCULATION	RESULT
Total estimated annual RRJR program costs for FBOs in Houston CoC	A	Based on survey sampling of FBO RRJR programs representing 81% of all RRJR beds, as per Houston HIC.	\$13,268,000
Total estimated number of "successes" per year (individuals completing all or a material part of designated programs)	B	Based on survey sampling of FBO RRJR programs representing 81% of all RRJR beds, as per Houston HIC.	720
Cost per success	A/B	Estimated annual RRJR program cost divided by estimated number of successes	\$18,428
Estimated percent of successes maintaining stable income and housing at follow-up.	C	Based on survey sampling of FBO RRJR programs representing 81% of all RRJR beds, as per Houston HIC.	72%
Number of successes maintaining stable income and housing at follow-up.	B * C	Total estimated number of successes times the percentage of successes maintaining stable income and housing at follow-up.	522
Total estimated 3-year taxpayer savings.	D	Based on estimated taxpayer savings from RRJR program successes maintaining stable income and housing at follow-up in terms of: increased income tax revenues, reduced drug treatment and healthcare costs, and reduced Child Protective Services costs.	\$10,465,000
Total estimated annual public (i.e., government) dollars invested in faith-based RRJR programs	E	Based on survey sampling of FBO RRJR programs representing 81% of all RRJR beds, as per Houston HIC.	\$1,164,000
Estimated 3-year taxpayer ROI for faith-based RRJR programs per \$1.00 investment	D / E	Total estimated 3-year taxpayer savings, divided by estimated annual public dollars invested in faith-based RRJR programs.	\$8.99
Total overall estimated 3-year ROI for faith-based RRJR programs per \$1.00 investment	D / A	Total estimated 3-year taxpayer savings, divided by total estimated annual faith-based RRJR program costs	\$.79

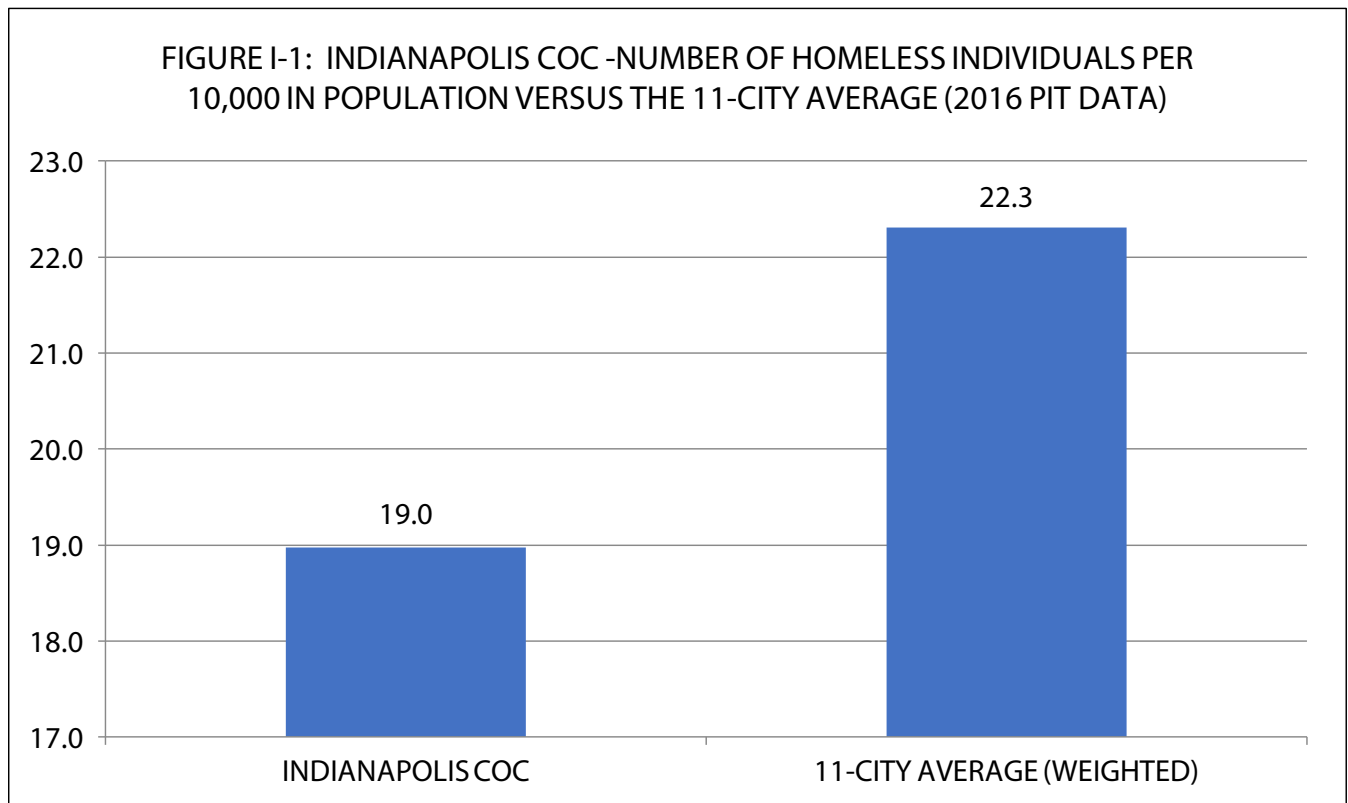


## Indianapolis

There are no general findings pertaining to Indianapolis or Indiana in the 2015 Annual Homeless Assessment Report to Congress (AHAR).

### **Background – Specific Findings**

The Indianapolis CoC is one of four cities in our 11-city study with a catchment area specific to the city proper. The average number of homeless individuals per 10,000 in population is slightly lower than the 11-city average, as shown in Figure I-1. In terms of the percentage of homeless individuals that are unsheltered, the Indianapolis CoC is well below the 11-city weighted average, as shown in Figure I-2 (next page).

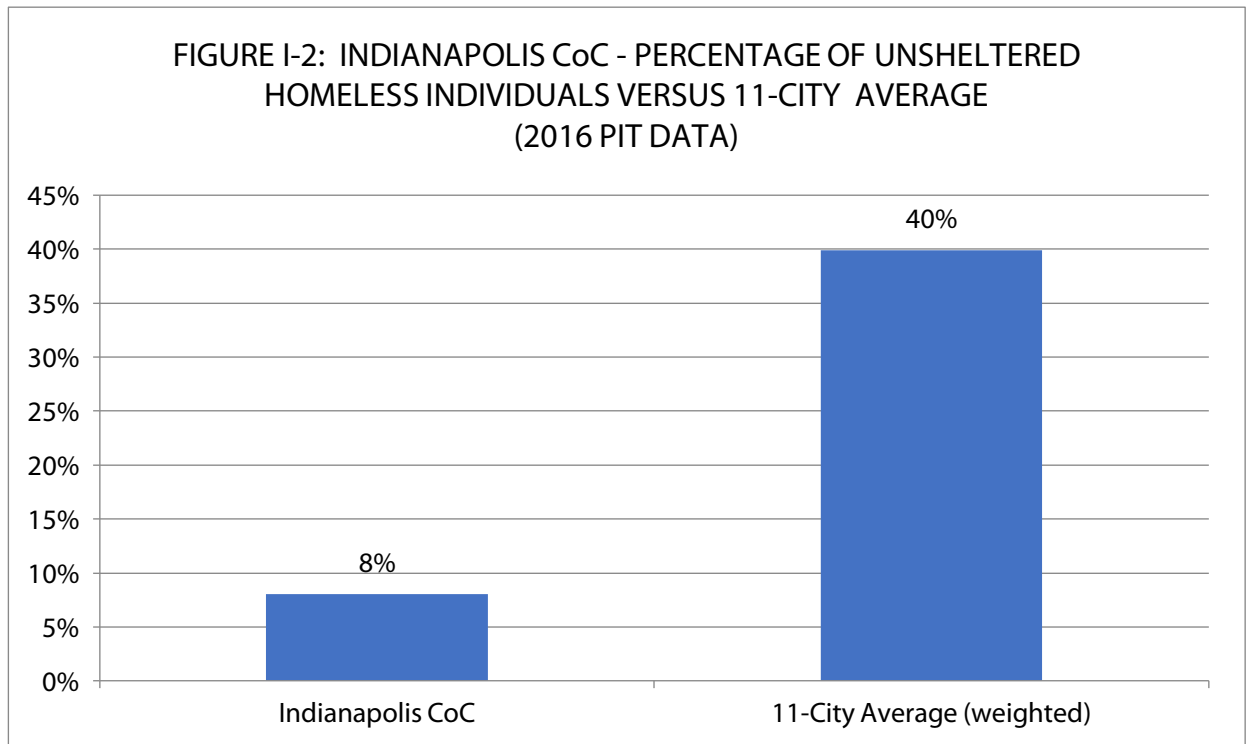


### **Emergency Shelter Beds**

As shown in Figure I-3 (next page), an estimated 77% of all Emergency Shelter (ES) beds in Indianapolis are provided by Faith-Based Organizations (FBOs), based on the 2016 Housing Inventory Count (HIC) data provided to HUD by the lead Continuum of Care (CoC) agency, the Coalition for Homeless Intervention and Prevention of Greater Indianapolis (CHIP).

Figure I-4 (next page) shows the breakdown of FBO-provided ES beds by organization. Over half (51%) of the 924 ES beds provided through FBOs in Indianapolis are through Wheeler Mission Ministries (WMM), 17%

through the Salvation Army Social Service Center, another 17% through Good News Ministries, and 15% through other FBOs.



#### **Government/FBO Collaboration**

Indianapolis serves as a national model for government-FBO collaborations, dating back to the establishment of the Front Porch Alliance (FPA) by Mayor Stephen Goldsmith in 1997. The FPA represents a partnership between City Hall and the values-shaping institutions of Indianapolis, which includes churches and FBOs. The FPA doesn't run programs, but rather provides a platform for collective action and helps facilitate efforts among faith and community based organizations across the city. The FPA espouses the kind of civic pluralism that is essential to garner the participation of all quarters of society.

As Goldsmith explains in his essay entitled *Having Faith In Our Neighborhoods: The Front Porch Alliance*:

*...my view is that so long as government doesn't fund religion directly, it [the government] should be able to support social services to which faith-based organizations may add a religious component. That is, if a church runs a homeless shelter with beds paid for by government, it shouldn't be prevented from asking its guests to pray once a day.*

Likewise, Greg Ballard, Mayor of Indianapolis from 2008 to 2016, echoed the same pragmatism and pluralism in society when he said:

FIGURE I-3: INDIANAPOLIS EMERGENCY SHELTER BEDS  
(2016 HIC DATA)

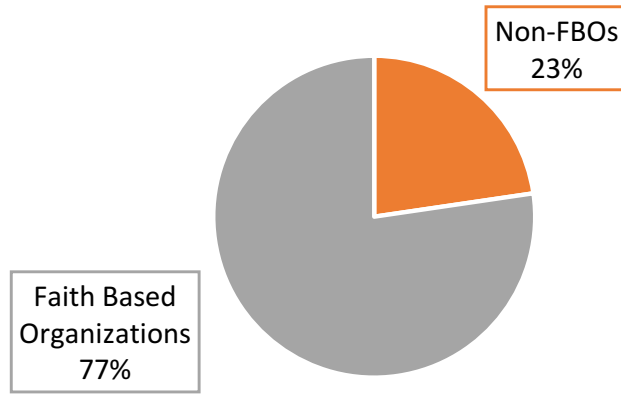
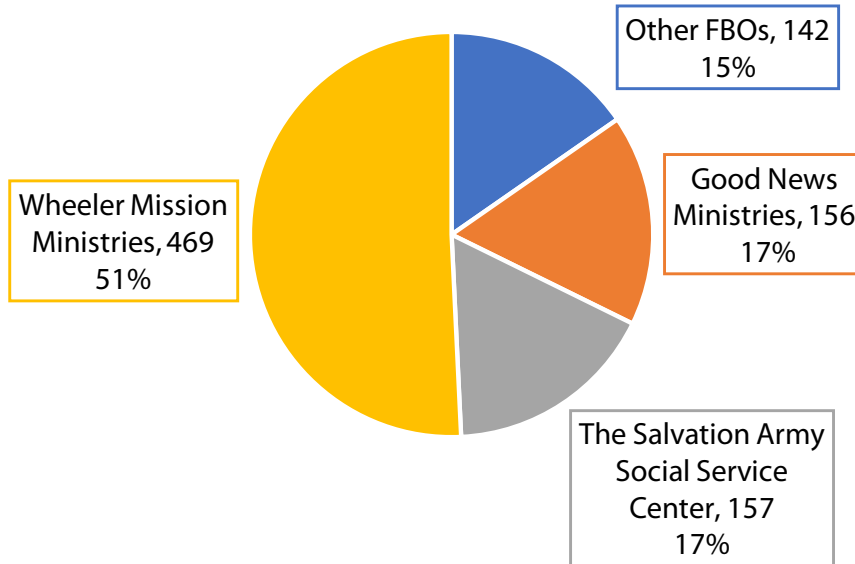


FIGURE I-4: INDIANAPOLIS: FAITH-BASED EMERGENCY SHELTER BEDS  
BY ORGANIZATION



*I see the faith community as a force multiplier of sorts, and any mayor that doesn't reach out and engage that community is missing an important asset. I can't begin to think of where we would be without the likes of Wheeler Mission Ministries.*

Indianapolis holds the distinction of being one of the only major U.S. cities of its size that does not have a municipally-operated shelter. Instead, the city depends primarily on the faith community, especially WMM, to

serve as the safety net of all safety nets for homelessness (i.e., emergency shelter). As Rick Alvis, CEO of WMM, explained:

*On the one hand, I think the fact that there is not a municipal shelter in Indianapolis is a testament to the partnership that the faith community has with the city, that we share in our investment to those in need, and that it is not simply the government's responsibility to help those most in need but all of our responsibility. That does not mean we wouldn't welcome the additional resource of another shelter, but at the same time it doesn't mean we feel we are being taken advantage of.*

Leadership of homeless policy and programs is provided through the Coalition for Homeless Intervention and Prevention (CHIP), HUD's designated Continuum of Care lead agency, along with federal government resources that fund both faith-based and secular organizations for Emergency Shelter, Transitional Housing, Permanent Supportive Housing, and other types of housing. There are also others demonstrating leadership within the faith community to enhance coordination of services for the homeless, such as Don Hawkins, director of Homeless and Re-Entry Helpers, Inc. (HRH). HRH's mission is to offer shelter and other related community service information for homeless individuals, those recently released from prison, and for organizations providing services for the homeless (see Exhibit I-2 (next page) for a homeless resource directory produced by HRH).

#### **Highlighted FBO homeless service providers**

##### ***Wheeler Mission Ministries***

Hardware salesman William V. Wheeler founded Wheeler Mission Ministries (WMM) in 1893.<sup>70</sup> WMM currently provides a total of 624 ES and residential recovery and job readiness (RRJR) beds serving homeless individuals through five different programs. WMM employs a number of sophisticated operational tools, including an all-encompassing program flow chart for mapping how and where it ministers in the midst of providing over 311,000 meals and 133,000 nights' lodging on an annual basis (see Exhibit I-2 (next page)).

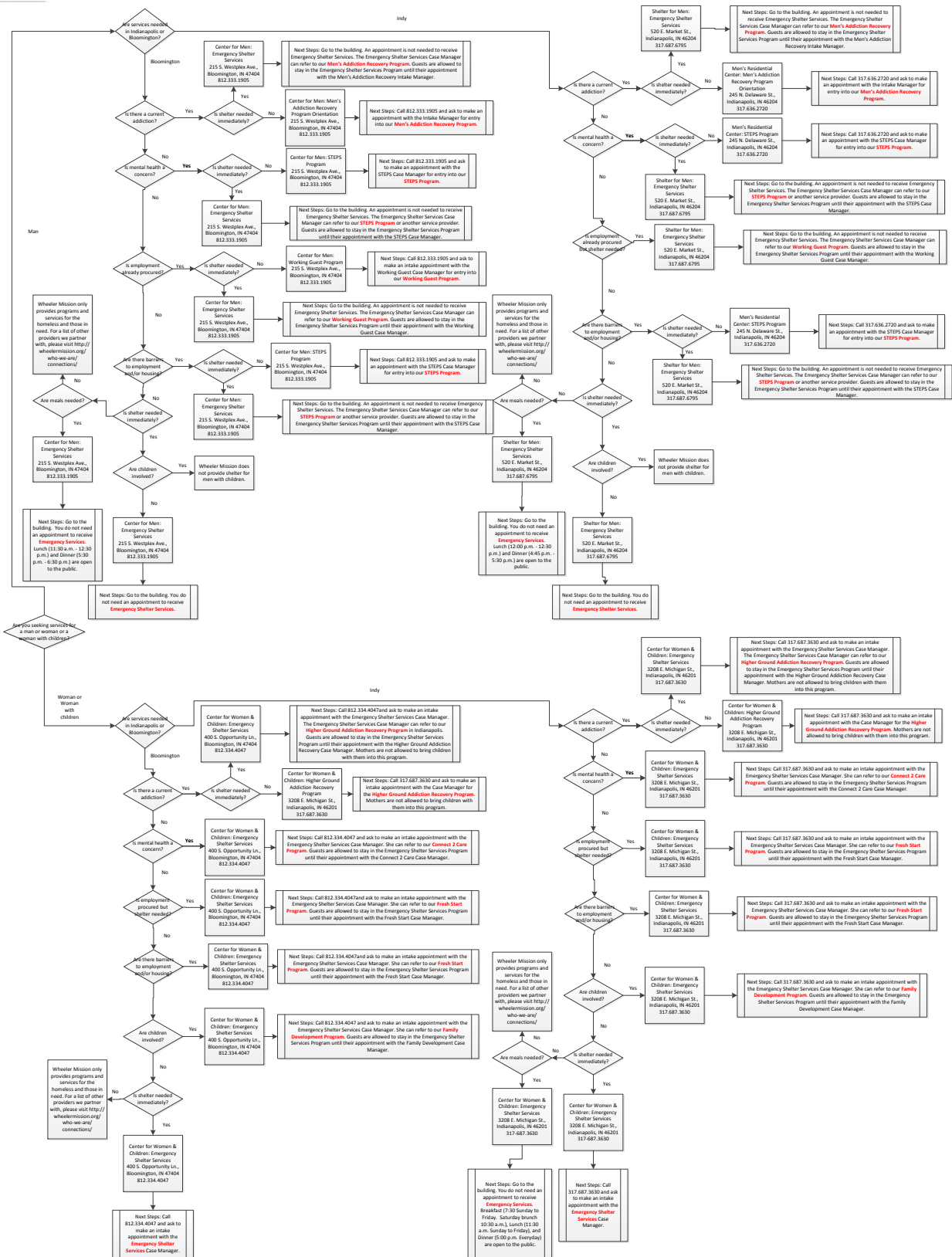
As Cal Nelson, Chief Program Officer for WMM, explains:

*The current flow chart was developed as a result of a need to clearly define the process of the client flow as it was happening already. The flow chart reflects the current process we actually do when working with the homeless. This chart allows for us, in a very concise way, to demonstrate to those who ask how our process works and what gets us to our goals in terms of successful outcomes for our program participants. It was also created to help with the development of our website. People entering our website can easily see our process toward success with men and women entering and exiting our programs.*

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<sup>70</sup> WMM was originally named Open Door Mission and was subsequently renamed to Wheeler Mission Ministries in 1908 on the passing of William Wheeler.

EXHIBIT I-2: HOMELESS RESOURCE DIRECTORY PRODUCED BY HRH



**Salvation Army**

The Salvation Army's Shelter for Women and Children provides another 126 ES beds,<sup>71</sup> with a primary focus on serving victims of violence. The length of stay at the shelter varies greatly, from 2-3 days to over a year, based on the needs of the clients.

As Susan Solmon, Divisional Social Services Director, explains:

*We provide women with a range of services, from life skills to individualized casework and action planning to referral for mental health and addiction counseling, for the purpose of helping these women and their children achieve self-sufficiency and/or financial stability, which we define by [the women] gaining needed educational and life skills, employment, mental health, and sobriety.*

**Other Homeless Ministries****Fuller Center for Housing of Central Indiana**

The Fuller Center for Housing (FCH) of Central Indiana is an affiliate of the Fuller Center for Housing, a non-profit ecumenical Christian housing ministry dedicated to eliminating poverty through providing housing worldwide. Millard and Linda Fuller, the founders of Habitat for Humanity in 1976, founded FCH in 2005. The FCH represents the Fullers' effort to return to the original missionary vision that led to the founding of Habitat for Humanity, making FCH an explicitly Christ-centered, faith-driven organization witnessing the love of God through its ministry.

FCH of Central Indiana was formed in 2008 and since that time has built 22 homes, at an average cost of \$50,000, for a total investment of approximately \$1.1 million, with a total estimated property value of over \$1.6 million. FCH is a self-funded organization and does not borrow money from banks. FCH operates with no overhead or paid staff and does not pay for any of the warehouse or office space they use. They provide housing through referrals from churches and FBOs, including Wheeler Mission Ministries, and self-finance 20-year loans with monthly payments of less than \$400, including taxes and insurance. Each house payment provides resources for helping another family.

FCH is planning during the second week of June in 2017 to build 20 homes in 5 days with the help of the Shepherd Community Center, Wheeler Mission, and some of the 25,000 Nazarenes coming to Indianapolis for their National Conference.

***Tear Down the Walls***

Another approach by a faith-based ministry to address homelessness is a program called Tear Down the Walls Ministry, which has served the Indianapolis community for over 12 years.

Founder and Executive Director Brian Walls, who was mentored in Christian community development by John M. Perkins, described their approach:

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<sup>71</sup> This is a reduction from the 157 ES beds reported in the 2016 HIC report for Salvation Army in 2016.



*We have a very missional approach to our ministry in Indianapolis. As many as 35,000 people experience homelessness each year. We are focusing on Christian community development in Northwest Indianapolis, where 40% of the buildings are abandoned and the crime rate ranked 17th highest in the nation. Our family lives here in the community and comes alongside our neighbors to help them with everything from community gardening to Bible studies to summer camp, counseling and case management. We identify and engage those homeless in our community through a weekly street outreach program, inviting them in for programs and job training. We use our projects and programs in the neighborhood as job training for our homeless friends and use the buildings they help refurbish to house those in need.*

*We believe a focus on jobs, discipleship, and long-term supportive housing is necessary to make change. We feel that missions should focus on equipping, empowering, and providing the tools necessary for a community and individuals to stand on their own. We hope all missionaries seek to work themselves out of a job. We believe that by working from within the community, in an organic manner, we can make a difference in the lives of people around us, as well as our own.*

### **The Projected Taxpayer Impact and Benefit of Faith-Based Services to the Homeless**

The estimated taxpayer impact of FBOs, specifically related to residential recovery and job readiness (RRJR) programs, is based on a sampling of FBOs representing 72% of all RRJR beds<sup>72</sup> in Indianapolis that are included in the HIC. Based on these results, we estimate that these FBOs, along with the Salvation Adult Rehabilitation Center Program (ARC), which is not included in the HIC, invest about \$5.7 million per year. These programs have about 291 successes, for an average estimated cost/successful outcome of \$19,725.

An estimated 93% of these successes (271) maintain their employment (or some other stable source of income) and housing at follow-up.<sup>73</sup> The estimated average 3-year taxpayer savings for program successes who maintain independence at follow-up is \$5.0 million. None of the FBOs we surveyed received any public dollars for their TH programs.

The estimated overall ROI for these programs (\$5.0 million savings divided by \$5.7 million in costs) is \$0.88 in 3-year taxpayer savings for every \$1.00 invested in these programs by public and private dollars.

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<sup>72</sup> These are referred to by HUD as Transitional Housing beds.

<sup>73</sup> Follow-up can range anywhere from 3 to 24 months, with the average length of follow-up being 12.8 months.

TABLE I-1: INDIANAPOLIS ROI CALCULATIONS

ITEM	REF.	CALCULATION	RESULT
Total estimated annual RRJR program costs for FBOs in Indianapolis CoC	A	Based on survey sampling of FBO RRJR programs representing 72% of all RRJR beds, as per Indianapolis HIC.	\$5,740,000
Total estimated number of "successes" per year (individuals completing all or a material part of designated programs)	B	Based on survey sampling of FBO RRJR programs representing 72% of all RRJR beds, as per Indianapolis HIC.	291
Cost per success	A/B	Estimated annual RRJR program cost divided by estimated number of successes	\$19,725
Estimated percent of successes maintaining stable income and housing at follow-up.	C	Based on survey sampling of FBO RRJR programs representing 72% of all RRJR beds, as per Indianapolis HIC.	93%
Number of successes maintaining stable income and housing at follow-up.	B * C	Total estimated number of successes times the percentage of successes maintaining stable income and housing at follow-up.	270
Total estimated 3-year taxpayer savings.	D	Based on estimated taxpayer savings from RRJR program successes maintaining stable income and housing at follow-up in terms of: increased income tax revenues, reduced drug treatment and healthcare costs, and reduced Child Protective Services costs.	\$5,032,000
Total estimated annual public (i.e., government) dollars invested in faith-based RRJR programs	E	Based on survey sampling of FBO RRJR programs representing 72% of all RRJR beds, as per Indianapolis HIC.	\$0.00
Estimated 3-year taxpayer ROI for faith-based RRJR programs per \$1.00 investment	D / E	Total estimated 3-year taxpayer savings, divided by estimated annual public dollars invested in faith-based RRJR programs.	N/A
Total overall estimated 3-year ROI for faith-based RRJR programs per \$1.00 investment	D / A	Total estimated 3-year taxpayer savings, divided by total estimated annual faith-based RRJR program costs	\$.88

## **Jacksonville**

### **Background – General Findings**

The state of Florida, according to the 2015 Annual Homeless Assessment Report to Congress (AHAR), has experienced some of the most significant decreases in the homeless population since 2007, as shown in Table J-1 below:

**TABLE J-1: FLORIDA RANKING FROM 2015 AHAR REPORT**

CHANGE BY TYPE OF HOMELESS POPULATION	TOTAL DECREASE SINCE 2007 (RANK AMONG STATES)	PERCENT DECREASE SINCE 2007 (RANK AMONG FIVE STATES WITH GREATEST DECREASES)
Overall Homeless Population	12,169 (3 <sup>rd</sup> best)	25.3% (4 <sup>th</sup> best)
Unsheltered Homeless Individuals	6,715 (3 <sup>rd</sup> best)	20.3% (5 <sup>th</sup> best)
Homeless Families with Children	5,454 (2 <sup>nd</sup> best)	36.3% (4 <sup>th</sup> best)
Homeless Veterans	3,209 (3 <sup>rd</sup> best)	45% (4 <sup>th</sup> best)
Chronically Homeless	1,442 (4 <sup>th</sup> best)	19.3% (5 <sup>th</sup> best)

### **Background – Specific Findings**

The Jacksonville CoC is one of seven cities in our 11-city study with a catchment area that covers the greater Jacksonville metropolitan area.<sup>74</sup> As shown in Figure J-1 (next page), the Jacksonville CoC is slightly below the 11-city weighted average in terms of homeless men and women per 10,000 population, and also ranks well below the 11-city weighted average in terms of the percentage of homeless that are unsheltered, although still below the 11-city weighted average (as shown in Figure J-2 (next page)).

### **Emergency Shelter Beds**

As shown in Figure J-3 (next page), Faith-Based Organizations (FBOs) provide an estimated 52% of all Emergency Shelter (ES) beds in Jacksonville, based on the 2016 Housing Inventory Count (HIC) data provided to HUD by the lead Continuum of Care (CoC) agency for Jacksonville, Changing Homelessness.

Figure J-4 (next page) shows that about 31% of the 510 FBO-provided ES beds are through the Trinity Rescue Mission (TRM), 27% through the City Rescue Mission, and 13% through The Salvation Army.

### **Government/FBO Collaboration**

Trinity Rescue Mission (TRM) collaborates with the Jacksonville Sheriff's Office (JSO) in its homeless outreach activities. When JSO receives orders to vacate an unauthorized homeless camp, they notify TRM, who direct

<sup>74</sup> The Jacksonville CoC encompasses Duval and Clay counties.

FIGURE J-1: JACKSONVILLE COC - NUMBER OF HOMELESS INDIVIDUALS PER 10,000 IN POPULATION VERSUS THE 11-CITY AVERAGE (2016 PIT DATA)

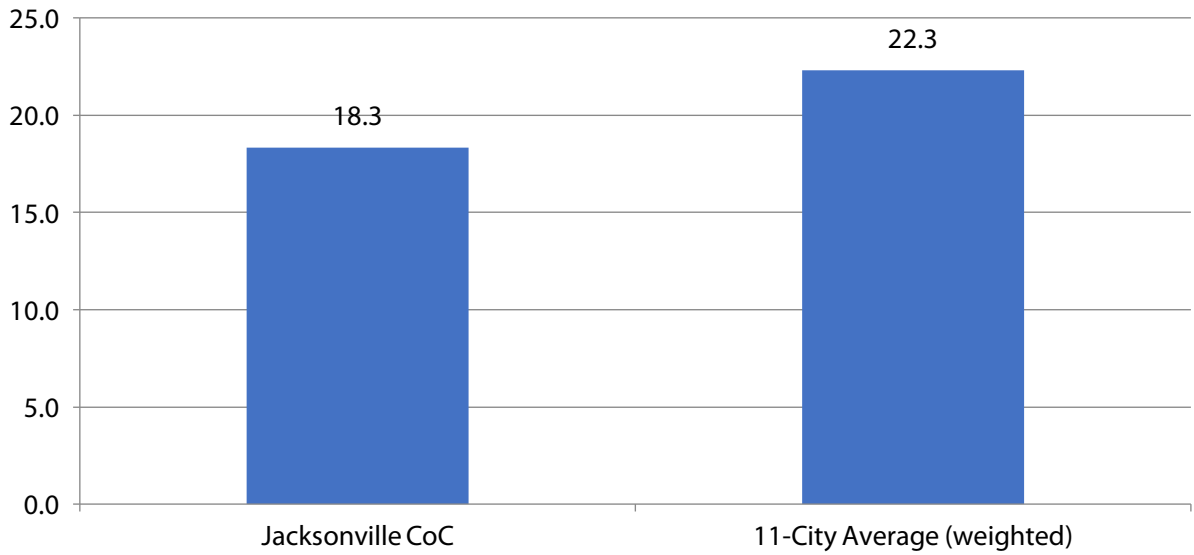
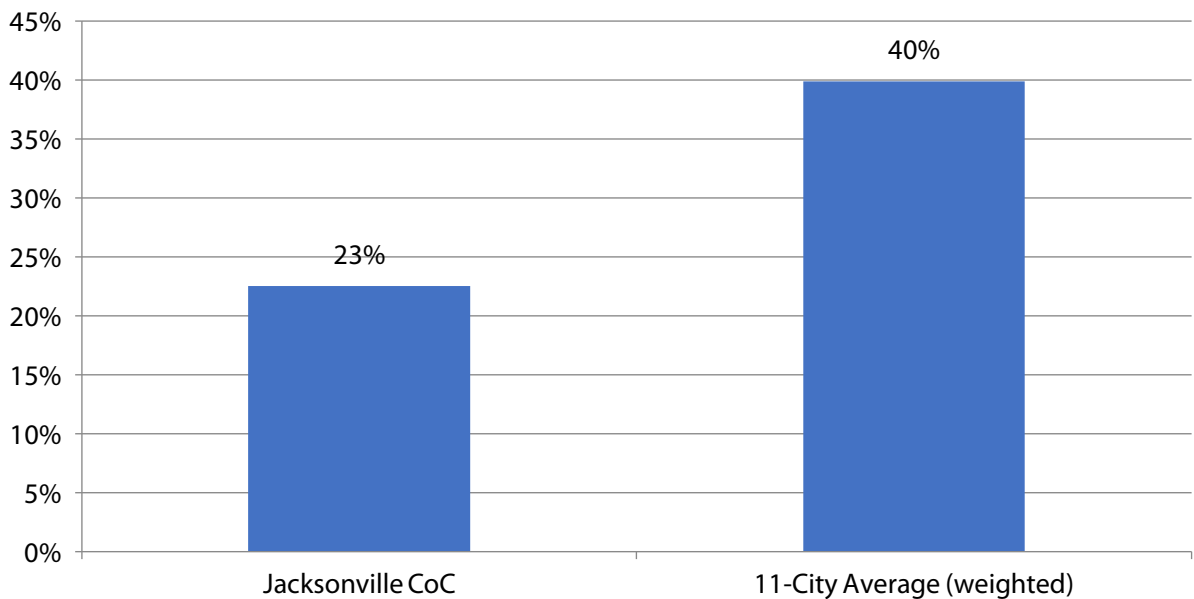


FIGURE J-2: JACKSONVILLE CoC - PERCENTAGE OF UNSHELTERED HOMELESS INDIVIDUALS VERSUS 11-CITY AVERAGE (2016 PIT DATA)



their homeless outreach service to that area once the vacate notice is posted. TRM then presents themselves to the homeless in that camp as an alternative to street life and encampments. After the camp has been vacated, TRM offers its volunteer staff to the property owners to clean up the property to avoid a fine from the city, which is what triggered JSO's involvement in the first place.

FIGURE J-3: JACKSONVILLE EMERGENCY SHELTER BEDS  
(2016 HIC DATA)

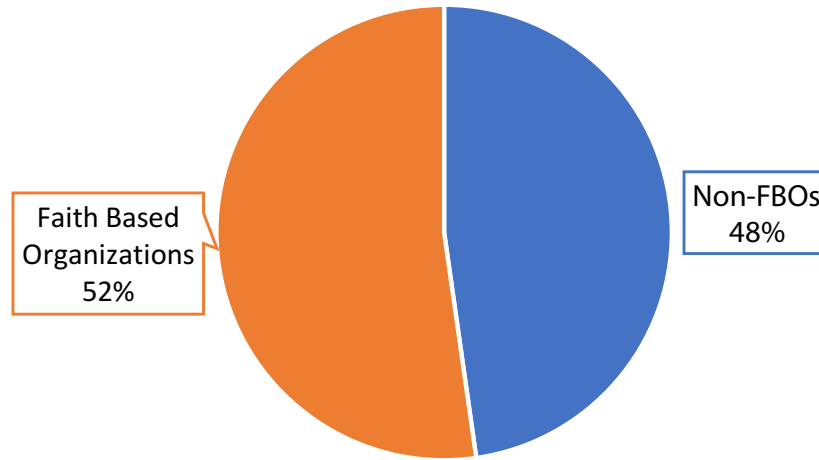
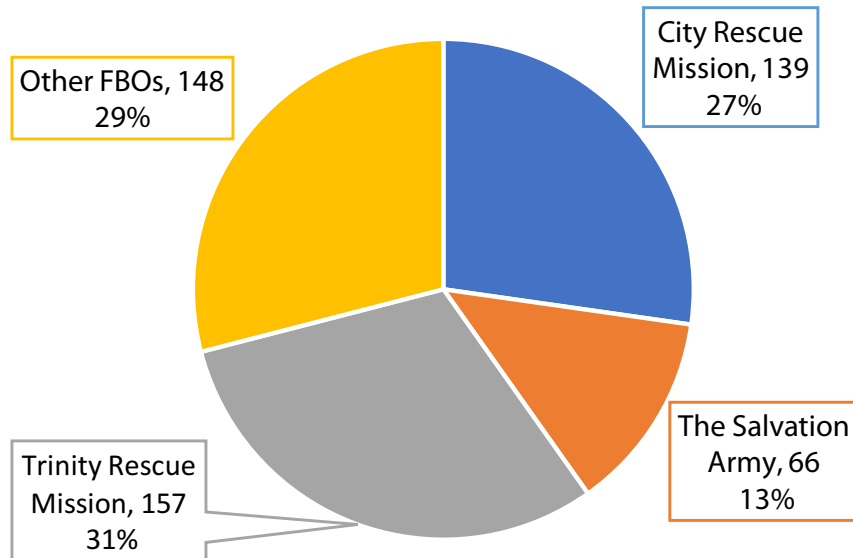


FIGURE J-4: JACKSONVILLE: FAITH-BASED EMERGENCY SHELTER BEDS  
BY ORGANIZATION



There is also a presumption under Florida law that homeless children are neglected children. Accordingly, TRM also collaborates with the Florida Department of Children and Families (DCF) for clients with minor children. This collaboration results in dual case management between TRM and DCF to ensure the protection and safety of homeless children while services are being provided.



# JACKSONVILLE



Another example is the City Rescue Mission's (CRM) collaboration with the University of North Florida's nursing program and the Florida State College dental hygiene programs. Both schools conduct rotations through the CRM clinic, with UNF also providing life skills and job readiness classes to shelter residents through the LifeBuilders Residential Recovery and Job Readiness (RRJR) program. UNF also brought students to conduct 10 process improvement projects to help improve CRM operations.

One such project addressed how to reduce the miles/fuel/efficiency in the timely pick up of donated merchandise for the CRM thrift store. Another involved assessing storage systems for dry and refrigerated goods in CRM's food warehouse. The new UNF process created proper labeling in food trucks so that product could more quickly, be sorted and stored in the warehouse. A more efficient system for food processing and storage was also an outcome of UNF improvement project.

### **Highlighted FBO homeless service providers**

#### ***Trinity Rescue Mission***

The congregation and leadership of Trinity Baptist Church established Trinity Rescue Mission (TRM) in 1962 as an expression of their burden for the homeless and hurting people on the streets in Jacksonville. Rick Denny, Executive Director of TRM, is a recent transplant from Oklahoma City, where he was accustomed to a higher level of collaboration among local city government, the CoC, and local FBOs. Given the absence of a full-time day center for the homeless, TRM's downtown shelter also serves as a default day center.

In addition to the 157 ES beds, TRM also has 45 RRJR beds for men, including 32 beds off-site at a farm in St. John's County on the outskirts of Jacksonville, and 100 RRJR beds for women, through the Women and Children's Room and Women's Lifeline programs.

Denny explained the purpose behind providing services to men at the off-site Freedom Farm program:

*Between day 30 and 45 of our beginning program downtown, we typically lose 2/3 of our program participants because they are not ready to take the necessary steps towards self-sufficiency and sobriety. However, of those who are able to get through this crisis period, which is common for those struggling with addictions, 75- 80% are able to complete programming and transition to self-sufficiency, employment, and stable housing. During their stay, we come alongside to assess individual needs and encourage those who want to change their life trajectory and connect them to resources which can help.*

*For men struggling with severe addiction issues, we offer a 9-18 month farm program which removes the men from the inner-city addiction triggers. This fosters more positive relationships with staff and creates healthy daily habits. Freedom Farm also focuses on maintaining sobriety in the work place without relapsing and financial budgeting skill-building, all of which are included in our Trinity Works program component offered at all of our campuses.*

### **City Rescue Mission**

City Rescue Mission (CRM) of Jacksonville was established in 1946 to help homeless men in the Jacksonville area. Since its inception, CRM has been a faith-based organization that has evolved into a recovery program helping needy men, women, and children from multiple counties in Northeast Florida through:

- Meeting the basic needs of the homeless;
- Providing a long-term residential rehabilitation program that addresses life controlling issues (drugs, alcohol, etc.); and
- Providing workforce development and educational programs.

CRM provides services to the homeless and needy throughout the year. Under the direction of Executive Director Penny Kievet, the CRM McDuff campus (one of three) has expanded from one building to a campus covering four city blocks of formerly abandoned or dilapidated houses in the neighborhood surrounding the mission. CRM provides 42 ES women's beds near the main campus building, with four special rooms designed as shelter for women with children. The McDuff main campus is the home to the residential recovery program, LifeBuilders, where 35 beds for women in the program and 58 beds for men are available. A separate downtown facility New Life Inn provides 60 additional ES beds for men along with six rooms for working men needing shelter.

As mentioned previously, services to the homeless have expanded over the 70 years of CRM's existence to include full medical and dental services for those seeking help for their addiction by enrolling into the Life Builders program (12-18 months). Other services provided by CRM partners include a 40-week workforce development ministry assignment designed to improve practical skills and garner the necessary soft skills, internships to further develop job skills, hygiene classes, and budget classes to support long-term self-sufficiency and independence. Upon graduation, graduates have access to CRM's network of over 82 potential employer partners, including the opportunity to do mock interviews and actual job interviews. CRM also houses people who are enrolled in programs at other facilities (i.e., Clara White's Culinary and Janitorial Service Programs).

Gerald Cruse, Men's Program Manager, described the "Grace Model" which guides CRM's ministry efforts:

*We operate from the Grace Model ... yes, people need to know the rules; however, we come alongside to teach how to live not as part of an institution...we look at the heart, work with the people from the inside out, allow them to be who they are without telling them who to be. We come alongside and let God work from the inside out, reward good behavior, look at the heart, give grace. When responsibilities are avoided, we ask why? Why did you not come to class? We ask the individual to relate to what they are doing, to do what they promised, recognize the consequences, value the relationships, respect themselves and others... learn to trust.*



Over the past few years, Kievet launched a unique fund-raising strategy to purchase and renovate homes near the McDuff Avenue campus. This initiative, called Homes of Hope, was developed because the individuals completing CRM programs were deemed low priority for HUD-funded housing services, via the VI- SP-DAT.<sup>75</sup>

Therefore, Kievet and CRM felt a need to develop their own affordable housing initiative for graduates of their RRJR programs. Under CRM's Homes for Hope model, individual donors fund houses and foot the bill for renovation in the neighborhood, with the labor for renovation coming primarily from LifeBuilders program participants and graduates.

Kievet described the qualifications for getting one of these homes:

*No drugs, clean and sober for 18 months, no [overnight] guests, allow for periodic inspection of home, be employed or otherwise have a stable source of income, be a member of a Bible-believing church, participate in aftercare programs, and pay at least \$300 a month in rent.*

Homes of Hope, when completed, will result in 14 homes, comprising 37 beds, at a total estimated cost of \$800,000 - \$900,000. (See Exhibit J-1 (next page) for diagram of McDuff Avenue Campus and cottages).

Kievet explained,

*As lives are transformed, it is our hope that the community and the neighborhood will likewise be transformed through our Homes of Hope.*

### **Other Homeless Ministries**

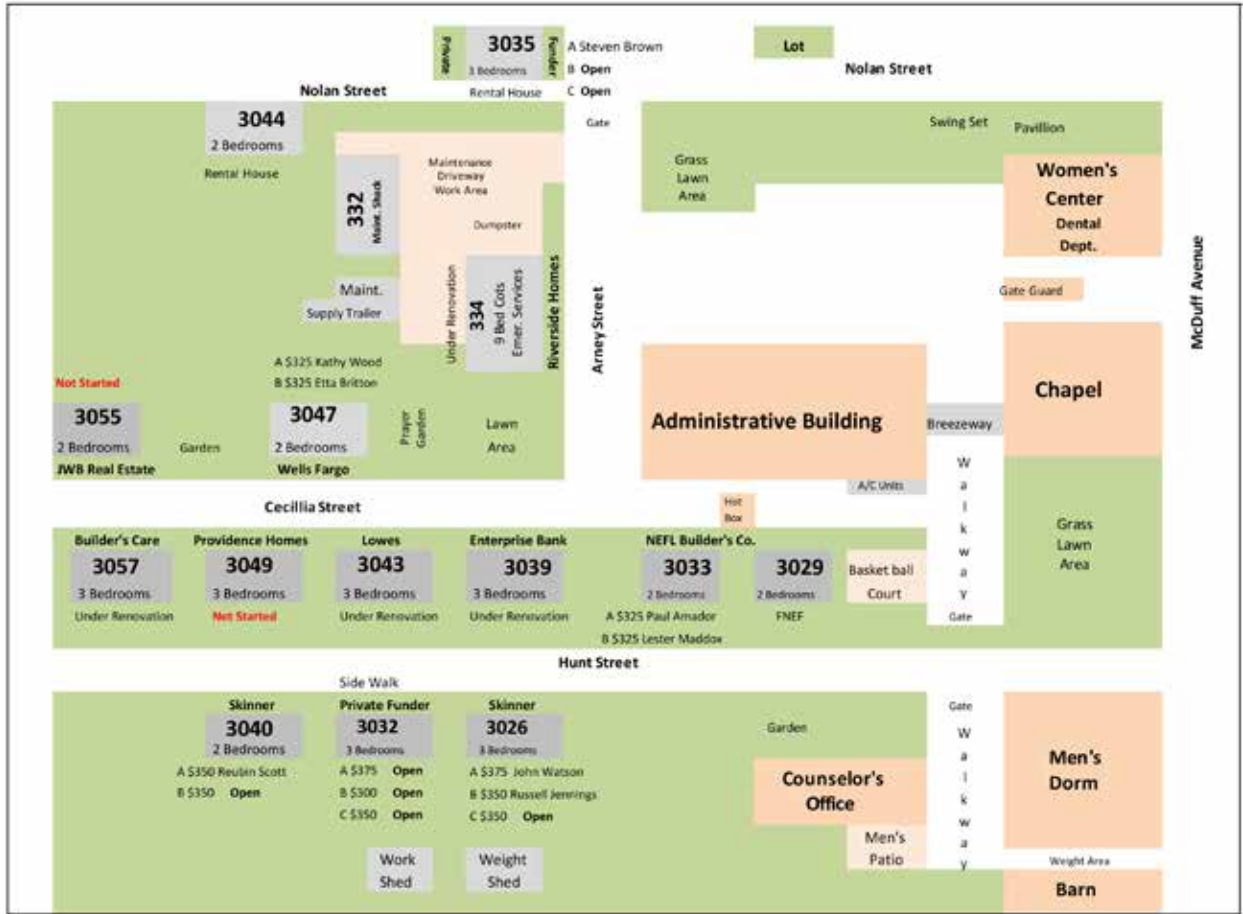
One of the newer programs launched by Salvation Army in Jacksonville is an initiative called Pathway for Hope. The purpose of the Pathway for Hope program is to provide long-term, intensively relational case management services to address inter-generational poverty issues for families experiencing homelessness. As Colleen Reardon, Director of Social Services for Northeast Florida Salvation Army, explained:

*Much of our effort in Pathway for Hope is to instill a set of values that differs from what typically has been passed on from generation to generation in the families we serve. This program is refreshing because it seems that federally funded programs have a tendency to get bogged down in paperwork and eligibility without addressing the degree to which a client demonstrates a motivation to change their condition.*

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<sup>75</sup> This stands for The Vulnerability Index-Service Prioritization and Decision Assistance Tool (VI-SPDAT), used by many CoCs as a means for prioritizing individuals with housing needs.

**EXHIBIT J-1: McDUFF AVENUE CAMPUS AND COTTAGE**



*With Pathway for Hope, we administer an assessment to determine how ready a person is to change their situation. I think that there is an emotional and spiritual component to breaking these generational cycles of poverty that is lacking in many publicly funded social service programs.*

**The Projected Taxpayer Impact and Benefit of Faith-Based Services to the Homeless**

The estimated taxpayer impact of FBOs, specifically related to residential recovery and job readiness (RRJR) programs, is based on a sampling of FBOs representing 71% of all RRJR beds<sup>76</sup> in Jacksonville included in the HIC. Based on these results, we estimate that these FBOs, along with the Salvation Adult Rehabilitation Center (ARC) and the Teen Challenge programs, which are not included in the HIC, invest about \$4.6 million per year. These programs have about 451 successes, for an average estimated cost/successful outcome of \$10,175.

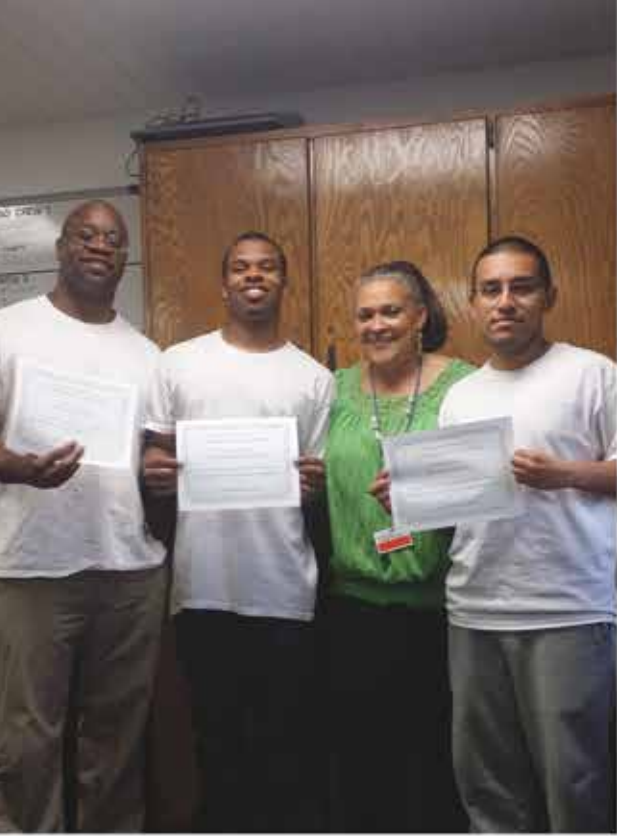
An estimated 72% of these successes (327) maintain their employment (or some other stable source of income) and housing after one year. The estimated average 3-year taxpayer savings per program success that maintains independence after one year is \$7.4 million, for a total estimated savings of \$7.3 million, which is net of any public (e.g.,) funding received from these programs.

76 These are referred to by HUD as Transitional Housing beds.

The estimated overall 3-year ROI for these programs (\$7.4 million in savings divided by \$4.5 million in costs) is \$1.60 in taxpayer savings for every \$1.00 invested in these programs with public and private dollars. The taxpayer ROI, calculated by the total estimated 3-year taxpayer savings (\$7.4 million), divided by estimated annual public dollars invested in faith-based RRJR programs (\$72,459), is \$102.39 for every \$1.00 in public (governmental) funding. The high ROI from public dollars is primarily due to the very low estimated public investment of FBO-provided RRJR programs in Jacksonville.

**TABLE J-1: JACKSONVILLE ROI CALCULATIONS**

ITEM	REF.	CALCULATION	RESULT
Total estimated annual RRJR program costs for FBOs in Jacksonville CoC	A	Based on survey sampling of FBO RRJR programs representing 71% of all RRJR beds, as per Jacksonville HIC.	\$4,592,000
Total estimated number of "successes" per year (individuals completing all or a material part of designated programs)	B	Based on survey sampling of FBO RRJR programs representing 71% of all RRJR beds, as per Jacksonville HIC.	451
Cost per success	A/B	Estimated annual RRJR program cost divided by estimated number of successes	\$10,181
Estimated percent of successes maintaining stable income and housing at follow-up.	C	Based on survey sampling of FBO RRJR programs representing 71% of all RRJR beds, as per Jacksonville HIC.	72%
Number of successes maintaining stable income and housing at follow-up.	B * C	Total estimated number of successes times the percentage of successes maintaining stable income and housing at follow-up.	327
Total estimated 3-year taxpayer savings.	D	Based on estimated taxpayer savings from RRJR program successes maintaining stable income and housing at follow-up in terms of: increased income tax revenues, reduced drug treatment and healthcare costs, and reduced Child Protective Services costs.	\$7,419,000
Total estimated annual public (i.e., government) dollars invested in faith-based RRJR programs	E	Based on survey sampling of FBO RRJR programs representing 71% of all RRJR beds, as per Jacksonville HIC.	\$72,459
Estimated 3-year taxpayer ROI for faith-based RRJR programs per \$1.00 investment	D / E	Total estimated 3-year taxpayer savings, divided by estimated annual public dollars invested in faith-based RRJR programs.	\$102.40
Total overall estimated 3-year ROI for faith-based RRJR programs per \$1.00 investment	D / A	Total estimated 3-year taxpayer savings, divided by total estimated annual faith-based RRJR program costs	\$1.60



OMAHA



## Omaha

### ***Background – General Findings***

The state of Nebraska, according to the 2015 Annual Homeless Assessment Report to Congress (AHAR), has experienced some of the lowest homelessness rates in the nation, as shown in Table O-1 below:

**TABLE O-1: NEBRASKA RANKING FROM 2015 AHAR REPORT**

CHANGE BY TYPE OF HOMELESS POPULATION	TOTAL DECREASE	RANK AMONG STATES
Rates of Unsheltered Homeless (Overall)	4.5%	5 <sup>th</sup> best
Rates of Unsheltered Homeless (Individuals)	7.2%	4 <sup>th</sup> best
Rates of Unsheltered Homeless People in Families with Children	0.0%	Among best

In addition, when ranked among all major U.S. cities, the city of Omaha has some of the lowest rates of homelessness, as shown in Table O-2 below.

**TABLE O-2: OMAHA RANKING ON VARIOUS MEASURES OF THE HOMELESS POPULATION**

TYPE OF HOMELESS POPULATION	NUMBER AS OF 2015	RANKING AMONG LARGE U.S. CITIES
Rates of Unsheltered Homeless (Overall)	3.0%	2 <sup>nd</sup> best
Rates of Unsheltered Homeless (individuals)	4.2%	1 <sup>st</sup> best
Rates of Unsheltered Homeless People in Families with Children	0.0%	Among best
Rates of Unsheltered Chronically Homeless	15.1%	5 <sup>th</sup> best

### ***Background – Specific Findings***

The Omaha/Council Bluffs CoC is one of four cities in our 11-city study with a catchment area specific to these cities. As such, in comparison to the other CoCs, average number of homeless individuals per 10,000 in population is comparatively higher to the 11-city average, as shown in Figure O-1 (next page) (29.8 versus 22.3). However, the Omaha/Council Bluffs has the lowest percentage of homeless individuals that are unsheltered among the 11 cities (as shown in Figure O-2 (next page)).

### ***Emergency Shelter Beds***

As shown in Figure O-3 (next page), 90% of all Emergency Shelter (ES) beds in Omaha are provided by Faith-Based Organizations (FBOs), based on the 2016 Housing Inventory Count (HIC) data provided to HUD by the lead Continuum of Care (CoC) agency, End Homelessness Today.

FIGURE O-1: OMAHA/COUNCIL BLUFFS CoC - NUMBER OF HOMELESS INDIVIDUALS PER 10,000 IN POPULATION VERSUS THE 11-CITY AVERAGE (2016 PIT DATA)

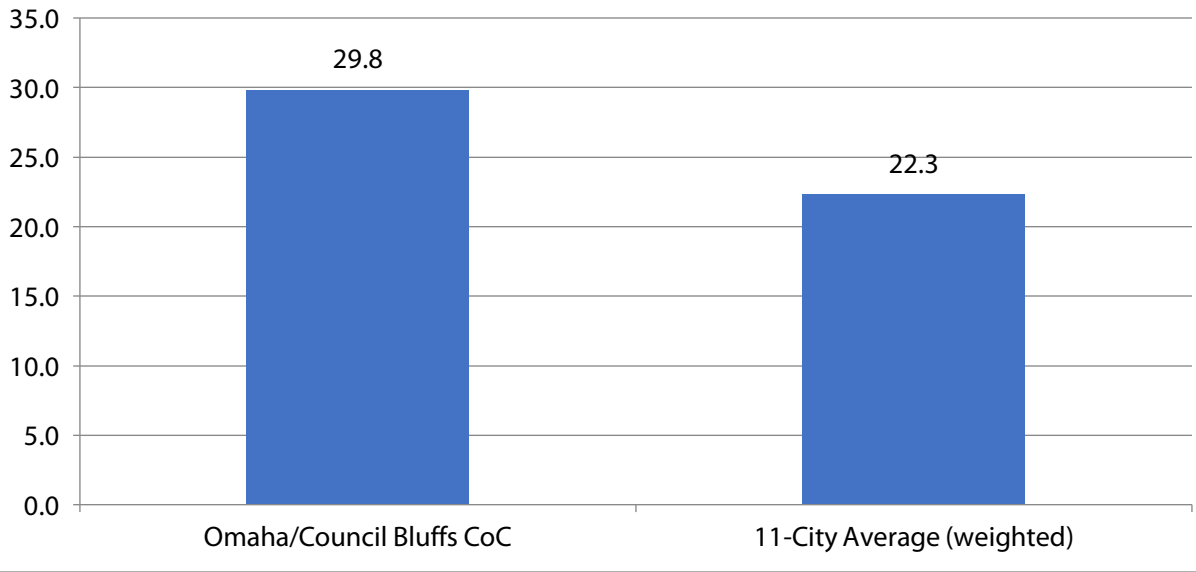


FIGURE O-2: OMAHA/COUNCIL BLUFFS CoC - PERCENTAGE OF UNSHELTERED HOMELESS INDIVIDUALS VERSUS 11-CITY AVERAGE (2016 PIT DATA)

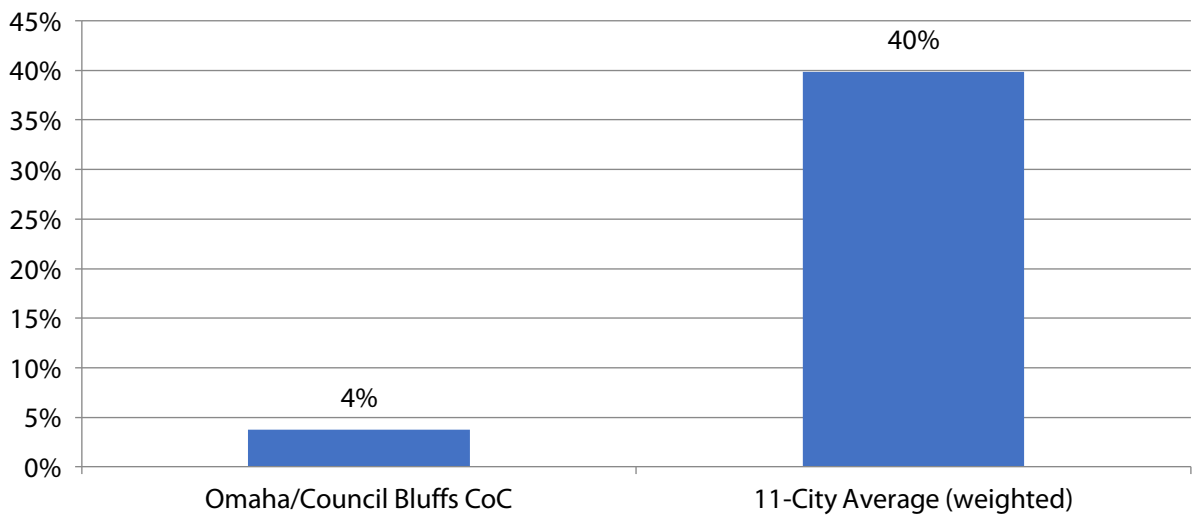


Figure O-4 (next page) shows that 42% of the 923 FBO-provided ES beds are through Siena Francis House, 30% through Open Door Mission, and 11% through the Christian Worship Center.

**Government/FBO Collaboration**

Among the eleven cities in this study, Omaha has, by far, the highest percentage of ES beds provided through FBOs at 90%. What is also notable for Omaha is the degree of collaboration among FBOs

FIGURE O-3: OMAHA: EMERGENCY SHELTER BEDS (2016 HIC DATA)

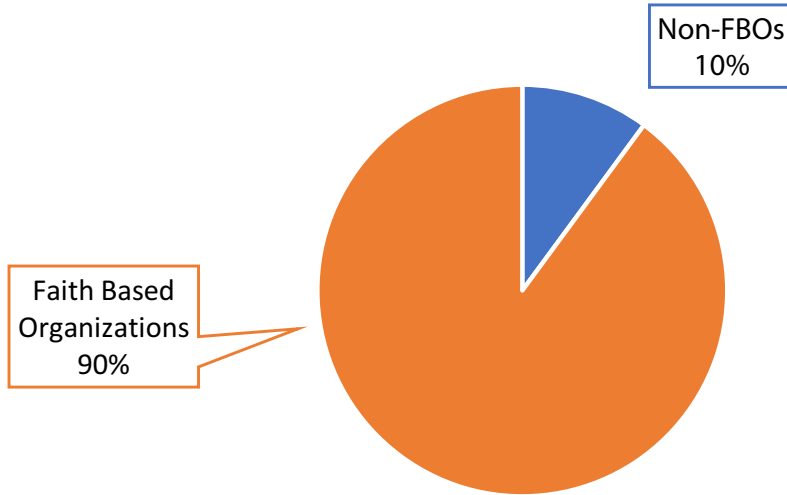
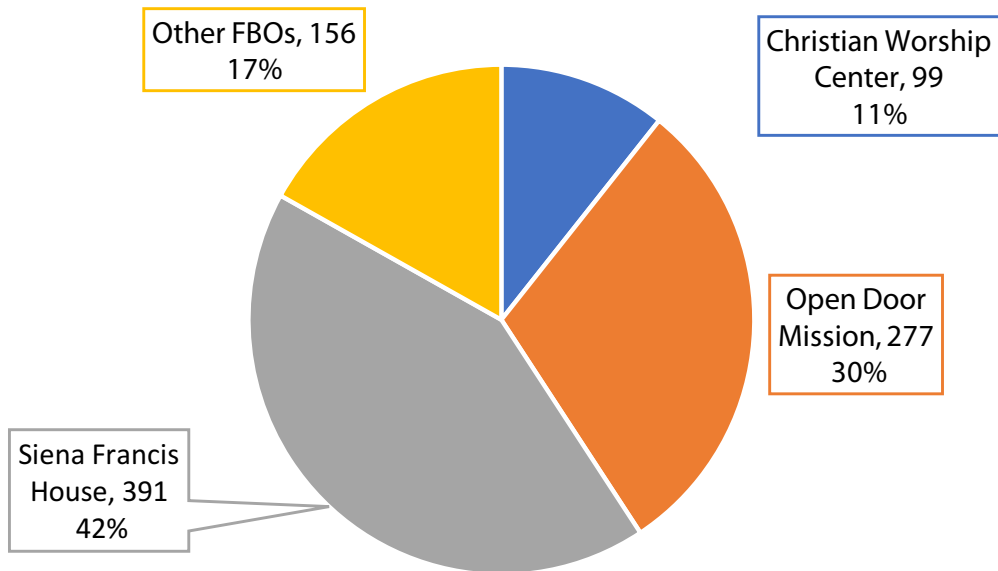


FIGURE O-4: OMAHA EMERGENCY SHELTER BEDS BY ORGANIZATION (2016 HIC DATA)



that form an organic, seamless continuum of services, both for addressing homelessness when it occurs and also for preventing homelessness.

***Compassion In Action, Inc.***

Compassion In Action Inc. (CIA) focuses its ministry services on establishing personal validation for participating prison inmates through their Pre-Release Education/Reentry Preparation correspondence program, which is expedited 3 to 9 months prior to their release. This approach identifies and addresses the motivation behind the negative behaviors that resulted in drug addiction and criminal acts. CIA participants are better prepared for the services and support offered by organizations such as the Open Door Mission and other residential recovery programs, including job readiness and drug rehabilitation. The pre-release approach empowers program participants realistically to avoid the trauma of being homeless and seeking an emergency shelter. CIA maintains connection, support, and services with "returning citizens" (i.e., ex-offenders) as long as needed, and they also maintain case management and files on each person to determine recidivism rates and overall program effectiveness.

***InCOMMON Community Development***

InCOMMON Community Development (ICCD) is another instance of collaboration amongst FBOs in Omaha, which takes place at the other end of the housing continuum through the provision of stable, affordable housing for families and individuals that have completed RRJR program requirements at Open Door Mission, Christian Worship Center, or elsewhere. ICCD recently purchased a 64-unit apartment complex called the Bristol Apartments to provide affordable housing to low-income families, in part as a preventive measure against potential future homelessness. Prior to this purchase, ICCD had purchased and developed a property to function as a community center and a focal point for community activity.

Beth Merkel, Executive Director for ICCD, explained the importance of collaboration in all of their work:

*We consider ourselves as a non-exclusive, Christian-based organization, whose board is strategically focused on collaboration, community building, and organizational leadership. The communities we work with may be suspicious of the "establishment," as represented by some public-sector agencies and programs. We are committed to working with, not on behalf of, the community we serve. Through Bristol Apartments and future planned acquisitions, we also see potential in working with places like Open Door Mission to help transition their program completers back into stable housing.*

***Highlighted FBO homeless service providers******Siena Francis House***

In the early 1970s, the pastor of Holy Family Catholic Church, Father John "Jack" McCaslin – along with some parishioners from Holy Family and other concerned citizens – wanted to start a homeless shelter to assist the disadvantaged and homeless people in their neighborhood and in downtown Omaha. In February of 1975, in conjunction with Father McCaslin and Holy Family Catholic Church, Sister Beth Daddio, a member of the School Sisters of St. Francis, and some other volunteers opened a shelter for women and children known as the Siena House of Hospitality. In November of 1977, the



same group purchased a facility across the street, turned it into a homeless shelter for men, and called it the Francis House, providing similar services. Sometime during the early 1980s, the organization reorganized under the combined name Siena/Francis House. Since then, the Siena/Francis House consolidated under one roof with a women's and children's shelter and a men's shelter located outside downtown Omaha. During this period of reorganization and expansion, the Siena/Francis House began operating an in-house, residential addiction recovery program.

In 2005 the Siena/Francis House opened an additional facility known as Baright Shelter near the main facility in response to the overwhelming increases in homeless families and individuals requesting services. The Baright Shelter houses a men's emergency overnight shelter, medical clinic, kitchen, pantry, shipping and receiving dock, and storage areas. Over the years additional renovations and acquisitions of properties in Omaha have allowed for an expansion of services to include a women's and children's emergency overnight shelter, a men's recovery program residence, a women's recovery program residence, and meeting room space. In partnership with the city of Omaha, the Siena/Francis House's day shelter, known as the "Day House," was created.

In late 2012 Siena/Francis House opened two permanent housing apartment buildings and a services center. Each apartment building contains 24 efficiency apartment units (48 total units), each of which houses homeless men and women who have a disabling condition. The disabled homeless persons who live in these 48 efficiency units have the ability to utilize the services provided in the Services Center. Each disabled, homeless person who lives in one of these efficiency apartments pays \$250 rent, which includes utilities.

Currently, according to the 2016 HIC, SFH provides 391 ES beds, 80 Residential Recovery (RR) beds through three different programs, and 46 permanent supportive housing beds. In addition, SFH has a medical clinic, food pantry and kitchen, and a day services center.

Mike Saklar, Executive Director for SFH, described the collaboration they have with the second largest homeless provider in Omaha, Open Door Mission:

*We work very closely with Open Door Mission, both in specifics such as swapping out individuals that are disruptive or better suited for a different program or making referrals. We also work together on larger issues; to be sure we are optimizing our resources in serving the homeless, as we do with all of the other homeless programs and ministries.*

### **Open Door Mission**

Garland Thompson, a student at the Omaha Bible Institute, founded the Open Door Mission (ODM) in November of 1954, with the assistance of Pastor Jerry Dunn and a group of Christian businessmen, to reach out to homeless men who had overrun the city in search of work with one of 13 railroads operating in Omaha at the time. Today, ODM operates two ES shelters totaling 267 beds, three RRJR programs totaling 185 beds,

and three permanent supportive and other housing programs totaling 154 beds. Fourteen thousand volunteers per year assist ODM in this effort, comprising the equivalent of 100 full-time employees (FTEs), which significantly bolsters their capacity to minister.

Steve Frazee, Senior Program Director for ODM, described the ups and downs they have experienced in working with the lead CoC agency, End Homelessness Today, in Omaha:

*We, along with Siena/Francis House, helped to create the CoC lead agency in the first place, which was called the Family Shelter Alliance of Greater Omaha, in 1987. Around three years ago, the CoC director attempted to implement centralized intake, which would have taken away our control over who we had in our emergency shelter and other housing programs. There is now new leadership in the CoC lead agency, and our staff represents us in several task forces, although we have decided to maintain our own database. We do provide data, in the aggregate, for the benefit of the CoC.*

ODM is also pursuing more outcomes-focused data collection, including the measurement of children's academic success for families participating in the permanent supportive housing program.

### **Other Homeless Ministries**

#### ***Freeway Ministries***

Rick Lechner, a former homeless person with addiction issues, founded Freeway Ministries in order to, as he put it, "help someone like me." The ministry revolves around a 14-week residential mentoring program, which is entirely funded through churches. In fact, part of Lechner's ministry is to teach churches how to reach out to and help men suffering from homelessness and addictions. Freeway Ministries itself does not provide clinical services but requires those entering the program to use the local Catholic Charities detoxification center and maintain contact with the clinic.

Freeway Ministries of Omaha<sup>77</sup> graduates about 50 men per year, most of whom were homeless at the time they enrolled in the program. Because Freeway Ministries operates apart from the CoC, these homeless men do not show up as part of the homeless population in any government count for the city of Omaha. Freeway Ministries also networks with pre-release prison ministries<sup>78</sup> to bridge the transition for ex-offenders back into the community.

Lechner shared some challenges and frustrations he has encountered in the course of his ministry work:

*What concerns me a lot is that some of the efforts to help homeless and addicted people create other problems. The city-funded shelter, for example, has resulted in the concentration of many troubled homeless individuals, and there are a lot of assaults and drug dealings that occur in that space surrounding the shelter. I would never tell a homeless person to go to*

<sup>77</sup> The Ministry was actually founded in Springfield, MO, where it also operates a program.

<sup>78</sup> These ministries work with individuals in prison, often focusing on those scheduled to be released within a year or so.

*the shelter because of this. Quite frankly, I see it as an evil place, which obviously wasn't the intent but certainly is the result. In general, I think that for someone to get help, they need to make a choice, and a lot of the feeding and housing programs are just enabling people with addictions to avoid addressing these issues and continue in their dysfunctional lifestyle.*

***Together, Inc.***

Together, Inc., was originally established in 1975 in the wake of a tornado that struck the Omaha region. For most of the time since then, Together, Inc. primarily operated a food pantry and clothing closet, serving almost 35,000 individuals over the past three decades. Recently, however, under the direction of Executive Director Mike Hornacek, they have expanded their focus on homelessness prevention programs (e.g., through emergency utility and rent payments as well as short term case management) and rapid rehousing (RRH) of those individuals that do become homeless for various reasons including mental illness, domestic violence, and substance abuse. RRH is a new housing strategy espoused by HUD specifically aimed at families and individuals that only need minimal financial support to return to stable housing and self-sufficiency.

Together has had great success in its RRH program, with a one-year housing stability rate<sup>79</sup> of 98%, as compared to the national rate of only 78%.

As Hornacek explained:

*We have found the CoC in Omaha to be a really useful source of information and collaboration for developing our rapid rehousing model, which centers on our case management. Despite the conventional wisdom that individuals with rapid rehousing don't really require much, if any, case management supports, our success stems from the fact that we stay with our clients to assure that they have all the elements required for long-term self-sufficiency. Good case management comes down to developing relationships, and it also requires us to raise private dollars to support this function. I think overall that we, as a smaller and more nimble organization, are better suited to do rapid rehousing, in comparison with some of the larger, more facility-based homeless programs.*

***The Projected Taxpayer Impact and Benefit of Faith-Based Services to the Homeless***

The estimated taxpayer impact of FBOs, specifically related to residential recovery and job readiness (RRJR) programs, is based on a sampling of FBOs representing 63% of all RRJR beds<sup>80</sup> in Omaha. Based on these results, we estimate that these FBOs, including the Salvation Adult Rehabilitation Program (ARC), which is not included in the HIC, invest about \$6.5 million per year. These programs have about 277 successes, for an average estimated cost/successful outcome of \$23,498.

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<sup>79</sup> The housing stability rate is defined as the percentage of individuals placed into housing who remain housed for at least 12 months upon program exit and do not reenter the Homeless Services System.

<sup>80</sup> These are referred to by HUD as Transitional Housing beds.

An estimated 78% of these successes (216) maintain their employment (or some other stable source of income) and housing after one year. The estimated average 3-year taxpayer savings for program successes who maintain independence after one year is \$4.7 million, for a total estimated savings of \$4.4 million, which is net of any public funding received from these programs.

The estimated overall 3-year ROI for these programs (\$4.7 million in savings divided by \$6.5 million in costs) is \$0.73 in taxpayer savings for every \$1.00 invested in these programs with public and private dollars. The taxpayer ROI, calculated by the total estimated 3-year taxpayer savings (\$4.7 million), divided by estimated annual public dollars invested in faith-based RRJR programs (\$365,000), is \$12.97 for every \$1.00 in public (governmental) funding.

**TABLE O-3: OMAHA ROI CALCULATIONS**

ITEM	REF.	CALCULATION	RESULT
Total estimated annual RRJR program costs for FBOs in Omaha CoC	A	Based on survey sampling of FBO RRJR programs representing 63% of all RRJR beds, as per Omaha/Council Bluffs HIC.	\$6,509,000
Total estimated number of "successes" per year (individuals completing all or a material part of designated programs)	B	Based on survey sampling of FBO RRJR programs representing 63% of all RRJR beds, as per Omaha/Council Bluffs HIC.	277
Cost per success	A/B	Estimated annual RRJR program cost divided by estimated number of successes	\$23,498
Estimated percent of successes maintaining stable income and housing at follow-up.	C	Based on survey sampling of FBO RRJR programs representing 63% of all RRJR beds, as per Omaha/Council Bluffs HIC.	78%
Number of successes maintaining stable income and housing at follow-up.	B * C	Total estimated number of successes times the percentage of successes maintaining stable income and housing at follow-up.	218
Total estimated 3-year taxpayer savings.	D	Based on estimated taxpayer savings from RRJR program successes maintaining stable income and housing at follow-up in terms of: increased income tax revenues, reduced drug treatment and healthcare costs, and reduced Child Protective Services costs.	\$4,736,000
Total estimated annual public (i.e., government) dollars invested in faith-based RRJR programs	E	Based on survey sampling of FBO RRJR programs representing 63% of all RRJR beds, as per Omaha/Council Bluffs HIC.	\$365,000
Estimated 3-year taxpayer ROI for faith-based RRJR programs per \$1.00 investment	D / E	Total estimated 3-year taxpayer savings, divided by estimated annual public dollars invested in faith-based RRJR programs.	\$12.97
Total overall estimated 3-year ROI for faith-based RRJR programs per \$1.00 investment	D / A	Total estimated 3-year taxpayer savings, divided by total estimated annual faith-based RRJR program costs	\$.73

## Phoenix

### **Background – General Findings**

The state of Arizona, according to the 2015 Annual Homeless Assessment Report to Congress (AHAR), has experienced some of the most significant decreases, with the notable exception of homeless veterans, in the homeless population, as shown in Table Ph-1 below:

**TABLE PH-1: ARIZONA RANKING FROM 2015 AHAR REPORT**

CHANGE BY TYPE OF HOMELESS POPULATION	TOTAL CHANGE IN NUMBERS (RANK AMONG STATES)	PERCENT CHANGE (RANK AMONG FIVE STATES WITH GREATEST CHANGES)
Decrease in Homeless Individuals since 2007	3,472 (4 <sup>th</sup> )	34.7% (2 <sup>nd</sup> best)
Decrease in Homeless People in Families with Children since 2014	953 (4 <sup>th</sup> )	22.2% (3 <sup>rd</sup> best)
<i>Increase in Homeless Veterans since 2014</i>	<i>362 (1<sup>st</sup>)</i>	<i>42.2% (1<sup>st</sup> worst)</i>
Decrease in Chronically Homeless since 2007	1,558 (4 <sup>th</sup> )	55.6% (1 <sup>st</sup> best)

While Phoenix itself ranks 9th worst among major cities with 2,102 homeless individuals in families with children, none of these families were unsheltered, ranking them among the best for major cities in the U.S.

### **Background – Specific Findings**

The Phoenix CoC is one of seven cities in our 11-city study with a catchment area that covers the greater Phoenix metropolitan area.<sup>81</sup> As shown in Figure Ph-1 (next page), the Phoenix CoC is second only to Houston in terms of the lowest number of homeless men and women per 10,000 population, and is also below the 11-city weighted average in terms of the percentage of homeless that are unsheltered (see Figure Ph-2 (next page)).

### **Emergency Shelter Beds**

As shown in Figure Ph-3 (next page), an estimated 41% of all Emergency Shelter (ES) beds in Phoenix are provided by Faith-Based Organizations (FBOs), based on the 2015 Housing Inventory Count (HIC) data provided to HUD by the Arizona Department of Housing, the lead Continuum of Care (CoC) agency.

<sup>81</sup> The Phoenix CoC encompasses all of Maricopa county.

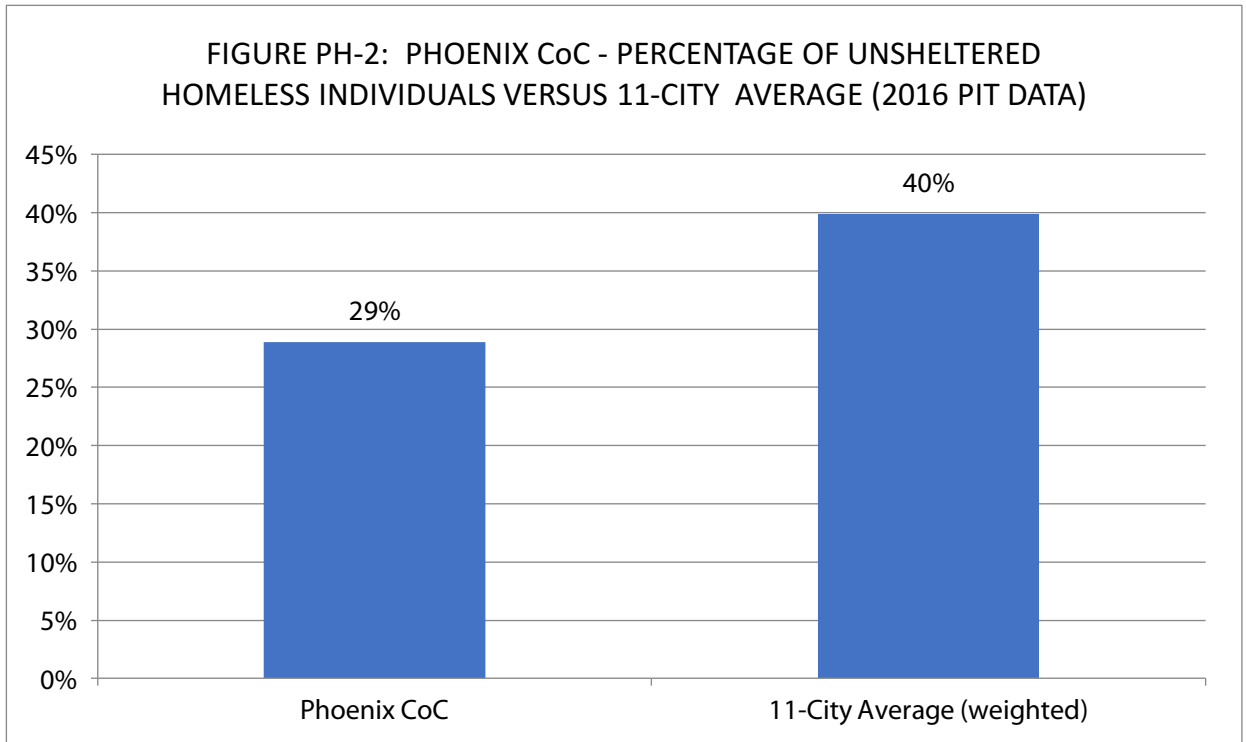
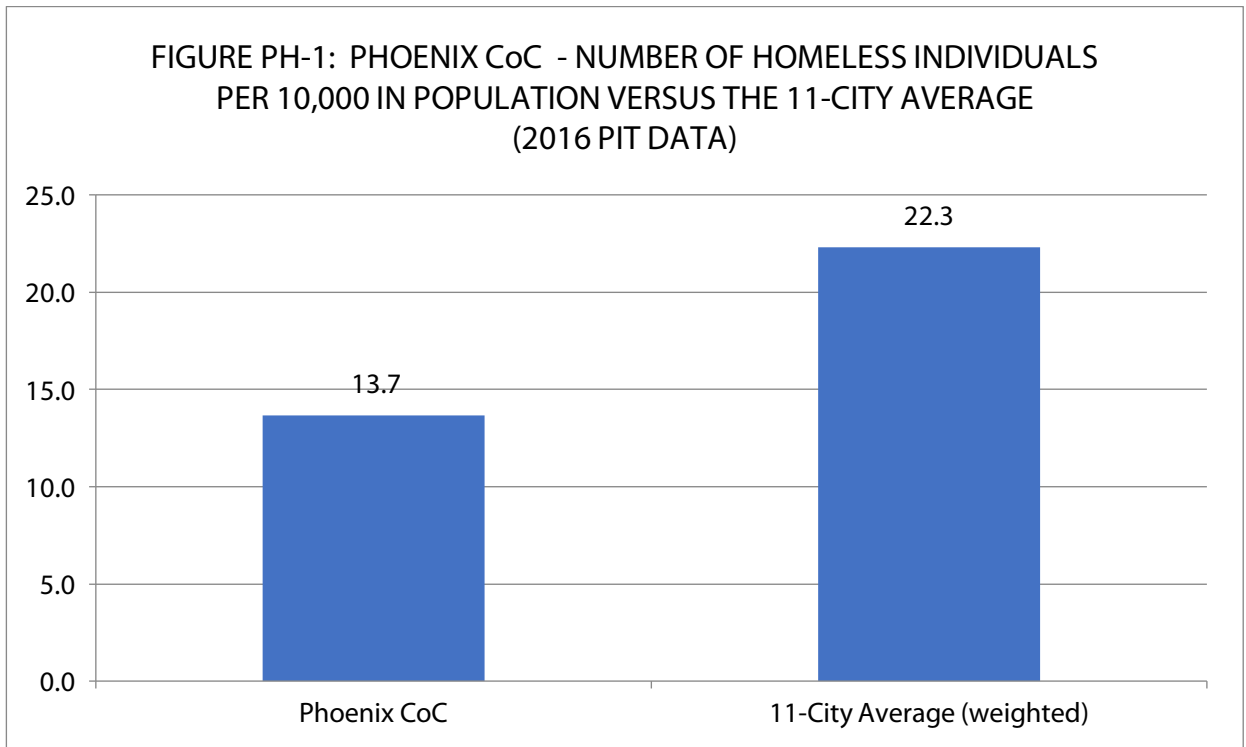


Figure Ph-4 (next page) shows that more than half of (52%) of the 974 FBO-provided ES beds are through United Methodist Outreach Ministries (UMOM) New Day Centers, 8% each through Salvation Army and Phoenix Dream Center.

FIGURE PH-3: PHOENIX EMERGENCY SHELTER BEDS (2015 HIC DATA)

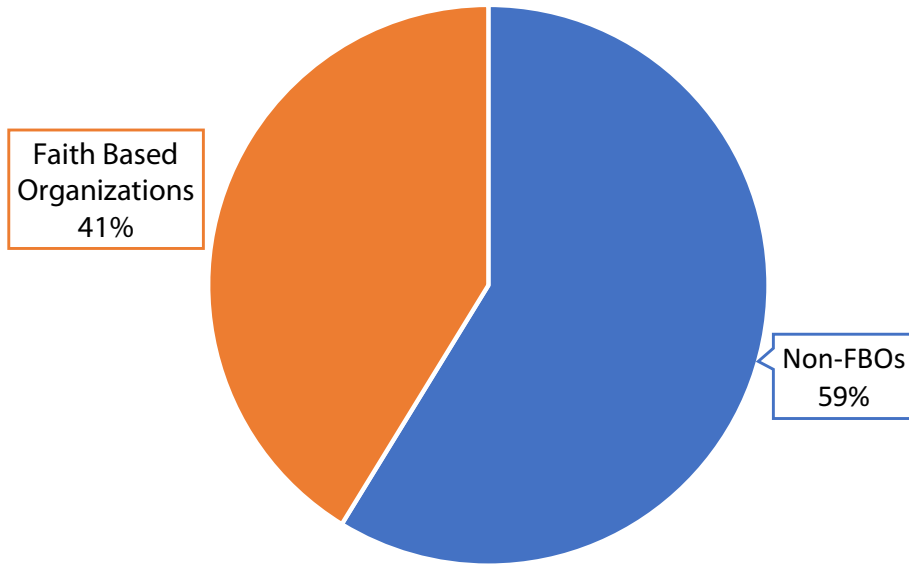
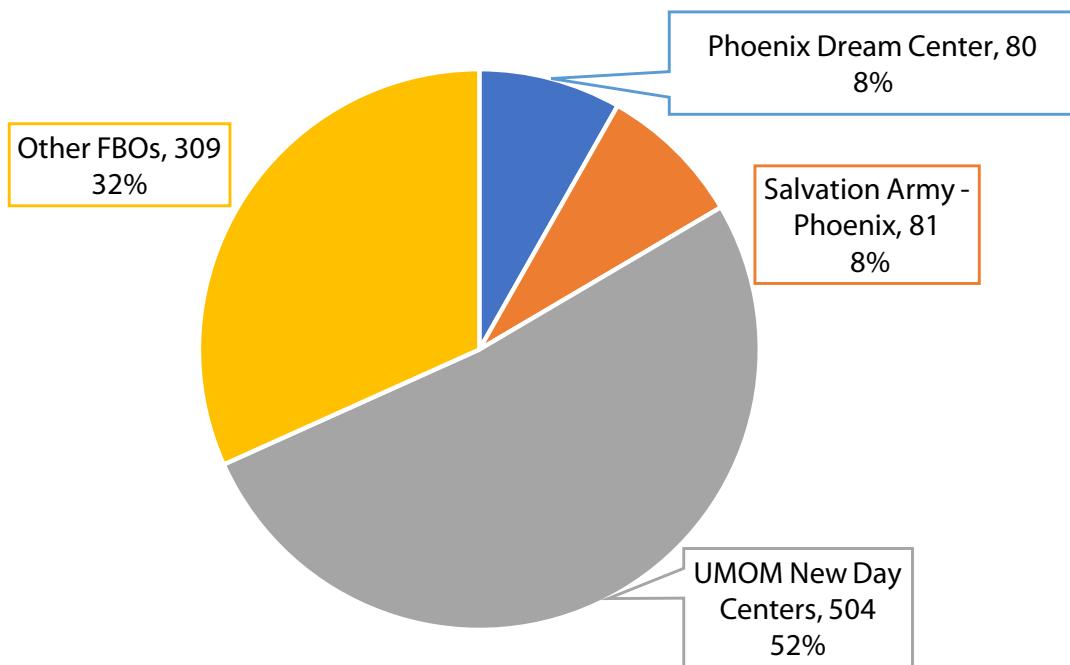


FIGURE PH-4: PHOENIX EMERGENCY SHELTER BEDS BY ORGANIZATION (2015 HIC DATA)







### **Highlighted FBO homeless service providers**

#### ***Phoenix Rescue Mission***

Phoenix Rescue Mission (PhRM)<sup>82</sup> was established in 1952 as a basic homeless outreach by a group of concerned Christian businessmen. Today, PhRM provides a full continuum of care for those facing hunger and homelessness in multiple locations.

PhRM's goal is to provide holistic solutions for persons with life-controlling addictions and move them towards self-sustainability and independent living. PhRM's programs are designed to identify and engage persons in need, help them build relationships that foster trust, and find solutions to end life-controlling problems. PhRM guides participants through the recovery process and assists them to become productive contributing citizens. Most need more than just temporary relief and are unprepared for direct placement into housing. What separates PhRM from many other community-based programs in Phoenix is their Christ-centered approach to transformation.

President and CEO Jay A. Cory came to PhRM in 2011 having previously served for almost 17 years at Atlanta Mission. Cory described two of the main challenges he faced when he assumed leadership at PhRM:

*The first challenge I faced at Phoenix Rescue Mission was the isolationist culture at the mission, where they conducted their work separate from other organizations. Once I arrived, I made sure that we became more active collaborators with all community partners, including the Continuum of Care, and that we provided shelter data to the HUD-sponsored Homeless Management Information System<sup>83</sup> (HMIS). The second challenge, which is common for missions and homeless programs across the country, is to find alternatives to large government funded emergency shelter facilities, which many homeless individuals motivated for change are afraid of entering, because they can be scary places.*

For the first challenge, Cory made sure that he and his staff participated in appropriate community collaborations, attended CoC meetings, and entered shelter data into HMIS even though they did not accept any federal HUD dollars. PhRM inputs emergency shelter resident data directly into HMIS and makes data on other residents available to the CoC for periodic downloads. Cory considers this effort to be at the table with the other homeless providers as important for "shining a light," providing a faith-based perspective on local homeless programs and policy decisions. PhRM's leadership does so even though they disagree philosophically with many of HUD's priorities and funding initiatives.

To address the second challenge of providing alternatives to the large "big-box" shelters, Cory and PhRM launched an alternative ES pilot program called RAP (Rescue, Assess, and Place) for homeless men. PhRM is also currently piloting a RAP program for women and mothers with children. The Christ-centered RAP unit

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<sup>82</sup> We are using the PhRM acronym in this report to distinguish the Phoenix Rescue Mission from the Portland Rescue Mission. Within Phoenix, they are referred to as PRM.

<sup>83</sup> A Homeless Management Information System (HMIS) is a local information technology system used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness. Each Continuum of Care is responsible for selecting an HMIS software solution that complies with HUD's data collection, management, and reporting standards.

provides a warm, loving, and compassionate safe place so that individuals can receive guidance to assess their current situation objectively and develop a solution.

Participants receive a health assessment followed by a comprehensive biopsychosocial assessment, which includes identifying conditions that contribute to their homelessness as well as other life-controlling problems and providing motivation for change. Case managers work with the individual to develop a Personal Solution Plan and then assist them for appropriate program placement. This process is not biased towards housing placement but rather for the appropriate solution for empowerment to successful living. PhRM believes most individuals need some degree of social supports for a season but with the right guidance can move on to independent living. (see Exhibit PH-1 (next page) for an overview of the RAP model).

Over the past year, the men's RAP unit was successful in diverting 25% of PhRM's Emergency Shelter's residents (750 individuals) and placed 80% of them in PhRM jobs-focused Solutions program (20% of referrals), PhRM's residential program (40% of referrals), or an external agency (20% of referrals).

As Cory explained:

*The RAP offers an alternative to homeless individuals who are essentially afraid to come to the shelter for help, and for good reason. We give them immediate shelter, and once we have an assessment, can refer them to the appropriate residential program to remedy whatever it was in their life that led them to homelessness to begin with, be it a lack of job skills, challenges related to addictions, or relationship problems. If, however, they don't show a sincere desire to change their condition, then the big-box shelter is where they will most likely go.*

PhRM has plans to replicate the RAP model for women with children. They are also planning for a significant expansion of their residential recovery programs, specializing in addressing the addiction issues overwhelming the municipal shelter, police and court system resources. When complete, it will be one of the largest residential recovery programs in the state.

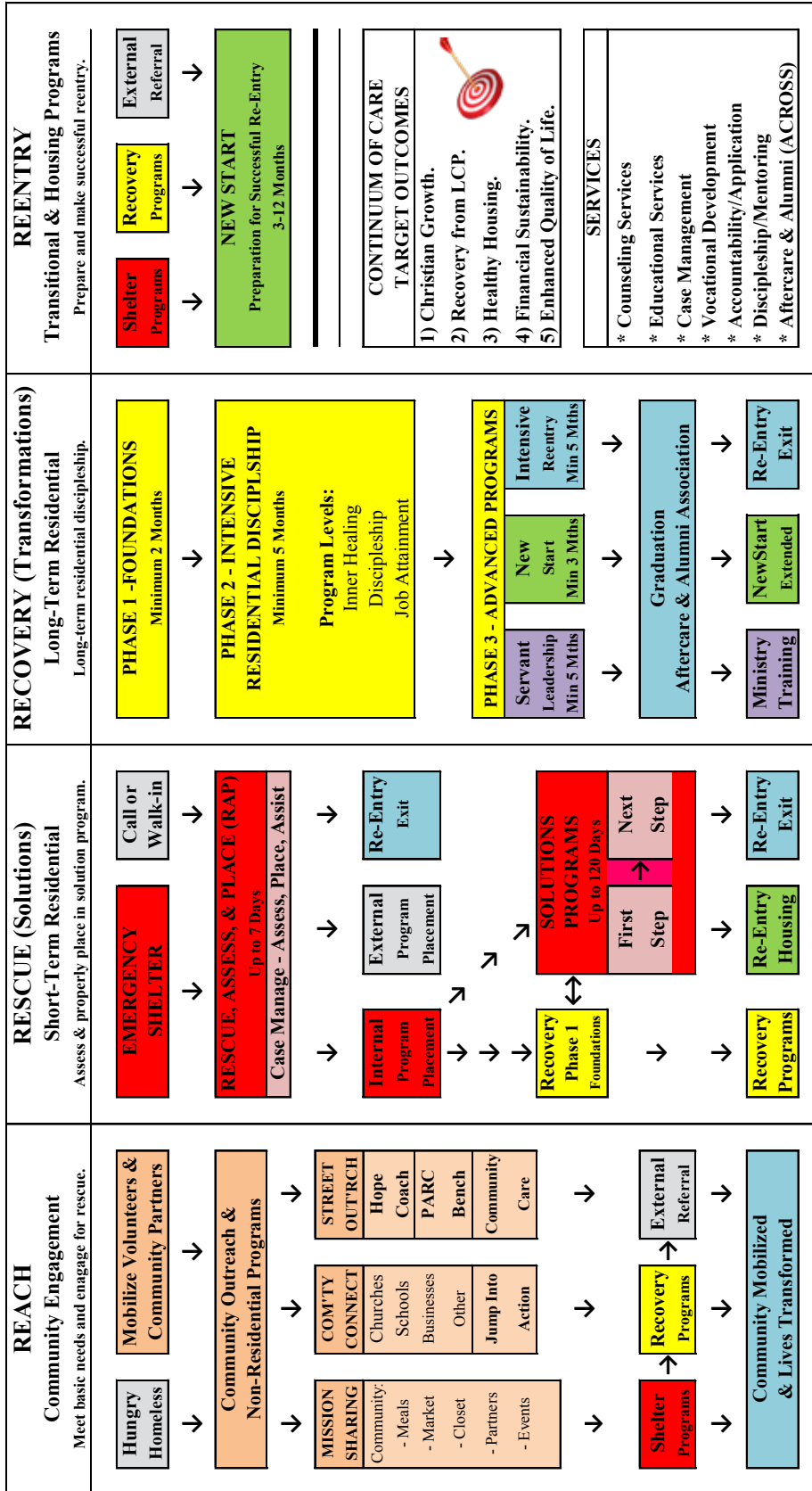
### **Phoenix Dream Center**

Founded in 2006, the Phoenix Dream Center (PDC) serves over 40,000 people each month through its community outreach activities and housing programs. The PDC conducts over 100 street, jail, prison, and nursing home activities to the homeless, at-risk youth, and shut-ins (i.e., isolated senior citizens) in Phoenix. Through these outreach efforts, PDC staff and volunteers provide food and clothing, along with a message of hope and God's love. PDC provides housing to over 300 people each night through one of five housing programs/ministries:

1. Men's and Women's Christian Discipleship Program;
2. Women's Human Trafficking Program (Human Sex Trafficking);
3. Men's and Women's Single Adult Transitional Housing Program;

EXHIBIT PH-1

PHOENIX RESCUE MISSION PROGRAMS



4. Family Emergency Housing Short-Term Transitional; and
5. Men's and Women's Foster Care Transitional Housing Program.

Executive Director Brian Steele, originally an engineer by trade, uses a rigorous, metrics-based outcomes and quality assurance framework to manage these programs. Based on input from PDC's own Quality Assurance Director, each program is assessed by specific criteria governing: Systems, Budget, Outcomes, Staffing, Program Services, and Alumni Services.

As Steele explained:

*The system works by means of clearly-defined and commonly understood metrics in each of these six areas for the staff to assess their program performance, providing a clear structure and leverage that I would call friendly peer pressure, whereby each program leader tries to outperform each other in meeting the requirements for each of these six areas. I find the process helps to keep staff focused on what is most important for us to deliver the highest quality ministry we can.*

(See Exhibits Ph-2 and Ph-3 (next page) for a sample definition of one of these areas, Outcomes, utilized in the QA process for PDC.)

### **Other Homeless Ministries**

#### ***Family Promise- Greater Phoenix***

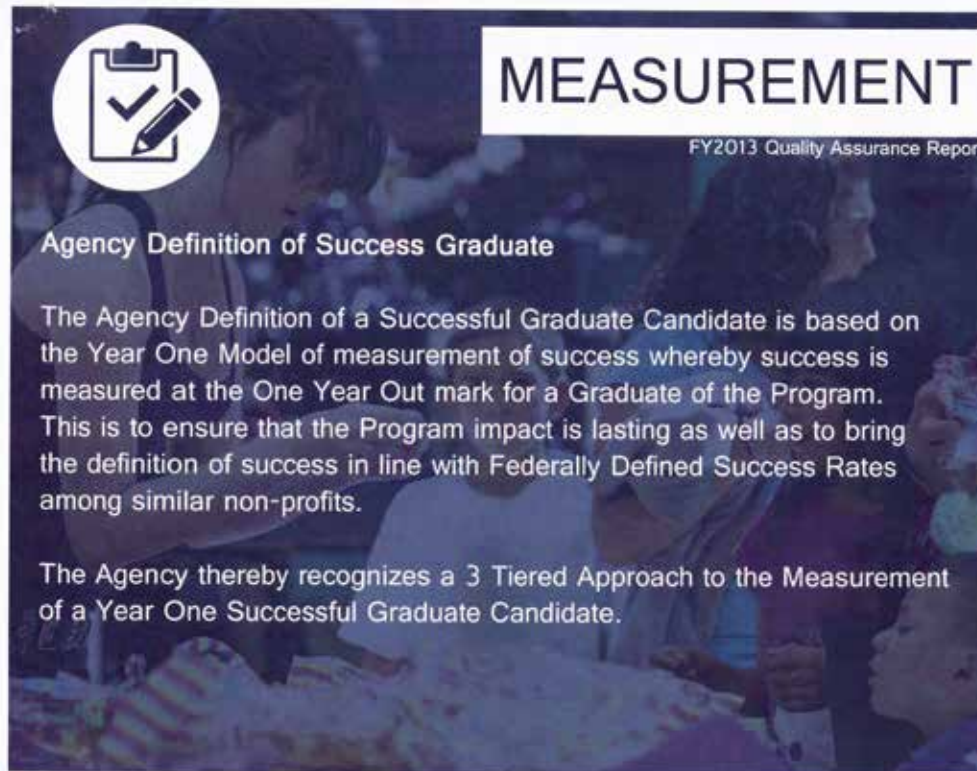
Although the HIC categorizes the homeless shelter services provided through Family Promise as ES beds, this congregation-based model represents a truly distinct approach to serving homeless families as compared to other programs included in this study. The Family Promise (FP) model, implemented at over 200 affiliate sites across the country, is a congregation-based model whereby participating churches, synagogues, or mosques offer hospitality space within their buildings to 4-5 families with children, nightly, for a week at a time.<sup>84</sup> FP, however, requires more than just a commitment of physical space from the participating congregations. It involves a commitment from the hosting parishioners to provide evening meals, supplies for breakfast and lunch for the day center, and personal engagement with these previously homeless families.

As Ted Taylor, Executive Director of FP of Greater Phoenix, the largest FP program in the country, explained:

*Family Promise is a highly relational program, in which participating congregations are asked to give of themselves and develop personal relationships with those they are hosting for that particular week. Sharing meals at a common table is a key piece of this formula. We as an organization, apart from what happens at each hosting congregation, see ourselves serving more as a triage provider with in-depth case management resources provided to the families while working toward rapid re-employment and return to sustainable housing.*

<sup>84</sup> There are also a number of similar congregation-based homeless programs, going by other names, across the country.

EXHIBIT PH-1: PHOENIX DREAM CENTER AGENCY DEFINITION OF SUCCESS GRADUATE



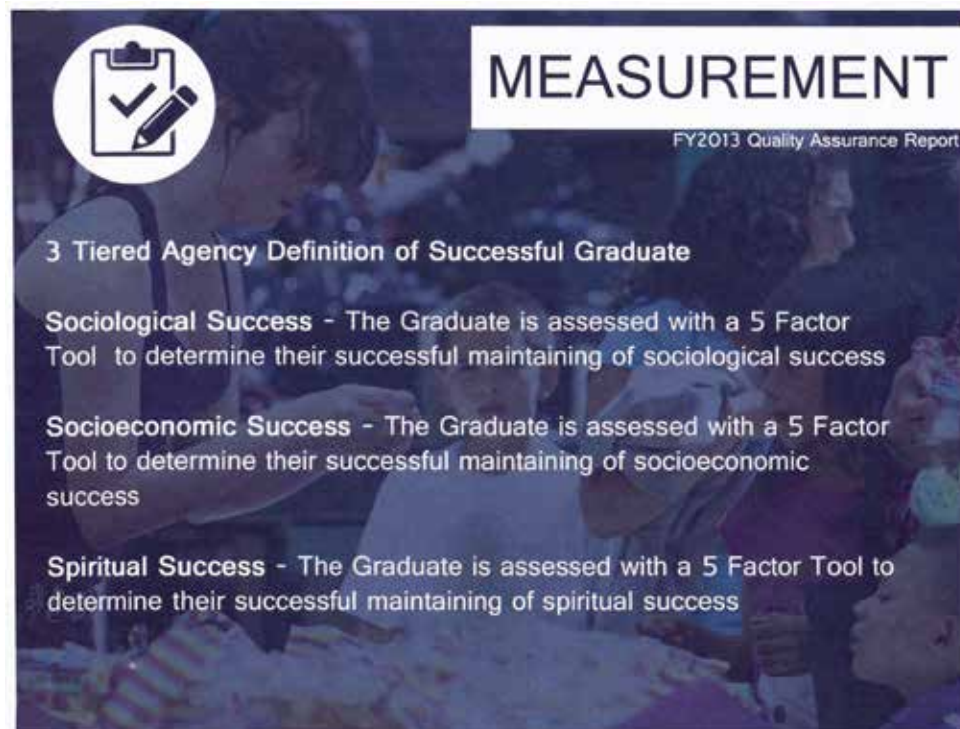
**MEASUREMENT**  
FY2013 Quality Assurance Report

**Agency Definition of Success Graduate**

The Agency Definition of a Successful Graduate Candidate is based on the Year One Model of measurement of success whereby success is measured at the One Year Out mark for a Graduate of the Program. This is to ensure that the Program impact is lasting as well as to bring the definition of success in line with Federally Defined Success Rates among similar non-profits.

The Agency thereby recognizes a 3 Tiered Approach to the Measurement of a Year One Successful Graduate Candidate.

EXHIBIT PH-3: PHOENIX DREAM CENTER AGENCY DEFINITION OF SUCCESS GRADUATE



**MEASUREMENT**  
FY2013 Quality Assurance Report

**3 Tiered Agency Definition of Successful Graduate**

**Sociological Success** - The Graduate is assessed with a 5 Factor Tool to determine their successful maintaining of sociological success

**Socioeconomic Success** - The Graduate is assessed with a 5 Factor Tool to determine their successful maintaining of socioeconomic success

**Spiritual Success** - The Graduate is assessed with a 5 Factor Tool to determine their successful maintaining of spiritual success

FP of Greater Arizona partners with over 30 interfaith congregations to provide overnight shelter and provide a staff caseworker to work with the families to identify stable housing. Although the average length of stay is only around 43 days, more than 70% of FP families transition successfully into housing, with 90% still in sustainable housing one year later.

**Catholic Charities' Church Mentoring Model**

Stephen Capobres, Executive Director for Catholic Charities in Phoenix (CCP), sees the FP model as the way of the future, as federal and other public dollars for staffing various permanent supportive or transitional housing programs continues to shrink. Capobres envisions an approach that looks for churches and volunteers to fill this role:

Capobres stated that:

*One of the main shortcomings of the Housing First approach is that it directs most of its resources in developing the physical housing and then finds there are no resources for the staff and counseling support necessary to assure long-term housing stability. My thought is that we need to develop a model whereby churches can "adopt" a home with a family and utilize*

TABLE PH2: PHOENIX ROI CALCULATIONS

ITEM	REF.	CALCULATION	RESULT
Total estimated annual RRJR program costs for FBOs in Phoenix CoC	A	Based on survey sampling of FBO RRJR programs representing 33% of all RRJR beds, as per Phoenix HIC.	\$7,947,000
Total estimated number of "successes" per year (individuals completing all or a material part of designated programs)	B	Based on survey sampling of FBO RRJR programs representing 33% of all RRJR beds, as per Phoenix HIC.	1,876
Cost per success	A/B	Estimated annual RRJR program cost divided by estimated number of successes	\$4,236
Estimated percent of successes maintaining stable income and housing at follow-up.	C	Based on survey sampling of FBO RRJR programs representing 33% of all RRJR beds, as per Phoenix HIC.	74%
Number of successes maintaining stable income and housing at follow-up.	B * C	Total estimated number of successes times the percentage of successes maintaining stable income and housing at follow-up.	1,393
Total estimated 3-year taxpayer savings.	D	Based on estimated taxpayer savings from RRJR program successes maintaining stable income and housing at follow-up in terms of: increased income tax revenues, reduced drug treatment and healthcare costs, and reduced Child Protective Services costs.	\$24,212,000
Total estimated annual public (i.e., government) dollars invested in faith-based RRJR programs	E	Based on survey sampling of FBO RRJR programs representing 33% of all RRJR beds, as per Phoenix HIC.	\$1,213,000
Estimated 3-year taxpayer ROI for faith-based RRJR programs per \$1.00 investment	D / E	Total estimated 3-year taxpayer savings, divided by estimated annual public dollars invested in faith-based RRJR programs.	\$19.96
Total overall estimated 3-year ROI for faith-based RRJR programs per \$1.00 investment	D / A	Total estimated 3-year taxpayer savings, divided by total estimated annual faith-based RRJR program costs	\$3.05

*its volunteer resources to provide the needed wrap-around support, be it job skills, parenting skills, or whatever else the family needs to achieve long-term self-sufficiency.*

### **Teen Challenge**

One of the challenges associated with a study on homelessness is making an accurate determination of how many homeless there are. While HUD, through efforts such as the Point-In-Time (PIT<sup>85</sup>) and the Housing Inventory Count (HIC) comes close, there are still homeless populations that don't show up on their radar at all. For example, participants in the Teen Challenge (TC) program, which despite its name serves primarily adults aging from 18 to 30 years old, do not appear on any HIC report as homeless. Yet according to Reverend Snow Peabody, Executive State Director for Teen Challenge of Arizona, somewhere around 80% of their program participants were, in fact, homeless at the time they enrolled in their program.

Similar to other secular and faith-based addiction recovery programs, TC of AZ lose about 45% of program enrollees within the first 30 days of a program that on average takes 13 months to complete. To improve its outcomes for those that remain longer, TC of AZ is working harder to maintain a connection with its graduates.

As Jeff Richards, Director of Operations, explained:

*We stay in touch with program completers up to the point of graduation, which takes place 2-6 months after program completion. We invite graduates to annual events, including a homecoming barbeque. We also encourage graduates to participate in an after-care type of group, called Redeemed 2 Repeat, which is designed to support graduates as they re-establish themselves after the program. We also stay in touch with graduates through program feedback surveys, mailings, social media, and invitations to participate in center chapel services.*

### **The Projected Taxpayer Impact and Benefit of Faith-Based Services to the Homeless**

The estimated taxpayer impact of FBOs, specifically related to residential recovery and job readiness (RRJR) programs, is based on a sampling of FBOs representing 33% of all RRJR beds<sup>86</sup> in Phoenix included in the HIC. Based on these results, we estimate that these FBOs, along with the Salvation Adult Rehabilitation Center (ARC) and Teen Challenge program, which are not included in the HIC, invest about \$7.9 million per year. These programs have about 1,876 successes, for an average estimated cost/successful outcome of \$4,236.

An estimated 74% of these successes (1,388) maintain their employment (or some other stable source of income) and housing at follow-up.<sup>87</sup> The estimated average 3-year taxpayer savings for program successes who maintain independence at follow-up \$24.2 million, for a total estimated savings of \$23.0 million, which is net of any public (e.g.,) funding received from these programs. See Table PH2 (previous page).

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<sup>85</sup> The U.S. Department of Housing and Urban Development (HUD) requires that communities receiving federal funds from the McKinney-Vento Homeless Assistance Grants program conduct a point-in-time count at least every other year. The practical impact of this requirement is that each community in the country must conduct a point-in-time count every other year.

<sup>86</sup> These are referred to by HUD as Transitional Housing beds.

<sup>87</sup> Follow-up can range anywhere from 3 to 24 months, with the average length of follow-up being 12.8 months.



PORTLAND





The estimated overall 3-year ROI for these programs (\$24.2 million in savings divided by \$7.9 million in costs) is \$3.05 in taxpayer savings for every \$1.00 invested in these programs with public and private dollars. The taxpayer ROI, calculated by the total estimated 3-year taxpayer savings (\$24.2 million), divided by estimated annual public dollars invested in faith-based RRJR programs (\$1.2 million), is \$19.96 for every \$1.00 in public (governmental) funding.

## **Portland**

### **Background – General Findings**

The state of Oregon, according to the 2015 Annual Homeless Assessment Report to Congress (AHAR), has some of the highest homeless rates in the country, as shown in Table Po-1:

**TABLE PO-1: OREGON RANKING FROM 2015 AHAR REPORT**

CHANGE BY TYPE OF HOMELESS POPULATION	TOTAL CHANGE (RANK AMONG STATES)	PERCENT CHANGE (RANK AMONG FIVE STATES WITH BIGGEST CHANGE)
Increases in Homeless People (Overall) since 2014	1,062 (3 <sup>rd</sup> worst)	8.7% (3 <sup>rd</sup> worst)
Increases in Homeless Individuals Since 2014	1,473 (3 <sup>rd</sup> worst)	18.4% (1 <sup>st</sup> worst)
Rates of Unsheltered People in Families with Children	52.6% (1 <sup>st</sup> worst)	N/A
Decreases in the Numbers of Homeless People in Families with Children since 2007	3,954 (4 <sup>th</sup> best)	55.2% (1 <sup>st</sup> best)
Rates of Unsheltered Veterans	47.5% (4 <sup>th</sup> worst)	N/A
Increases in Veteran Homelessness since 2007	187 (4 <sup>th</sup> worst)	14.7% (5 <sup>th</sup> worst)
Increases in the Number of Chronically Homeless since 2007	692 (1 <sup>st</sup> worst)	24.5 (5 <sup>th</sup> worst)

Table Po-2 (next page) shows that Portland ranks among the highest among major U.S. cities on a couple of Homeless population measures.

The greater Portland metropolitan area, including Gresham and Multnomah counties, ranked 4<sup>th</sup> worst among major cities with 23.6% of the homeless people in families with children being unsheltered.

### **Background – Specific Findings**

The Portland CoC is one of seven cities in our 11-city study with a catchment area that covers the greater

**TABLE PO-2: PORTLAND RANKING ON VARIOUS MEASURES OF THE HOMELESS POPULATION**

TYPE OF HOMELESS POPULATION	NUMBER AS OF 2015	RANKING AMONG LARGE US CITIES
Percentage of Homeless People in Families with Children	23.6%	4 <sup>th</sup> worst
Number of Chronically Homeless Individuals	969	8 <sup>th</sup> worst

Portland metropolitan area.<sup>88</sup> The Portland CoC is 2nd highest among the 11 cities in both the number homeless men and women per 10,000 population (Figure Po-1 (next page)) and in the percentage of unsheltered homeless men and women among the 11 cities in this study (Figure Po-2 (next page)).

**Emergency Shelter Beds**

As shown in Figure Po-3 (next page), an estimated 33% of all Emergency Shelter (ES) beds in Portland are provided by Faith-Based Organizations (FBOs), based on the 2016 Housing Inventory Count (HIC) data provided to HUD by the lead Continuum of Care (CoC) agency, the Portland Housing Bureau.<sup>89</sup> As shown, in Figure Po-4 below, more than one-third (34%) of the 443 FBO-provided ES beds are provided through the Portland Rescue Mission (PoRM)<sup>90</sup>, followed by the Salvation Army (25%) and My Father’s House (24%).

**Government/FBO Collaboration**

**Fortify**

Fortify is a partnership between Multnomah County Department of Human Services and the Portland Leadership Foundation (PLF), a Faith-Based Organization. The purpose of Fortify is to provide housing and tailored support for families that are in “diversion,” meaning that they are at risk of losing their children to Child Protective Services. The PLF works with community-based partners such as New City Initiative, a faith-based organization, which recruits and trains congregation-based support teams to work with these families, many of whom are at-risk of becoming homeless due to financial instability and other sources of social instability in the home.

**Highlighted FBO homeless service providers**

**Portland Rescue Mission**

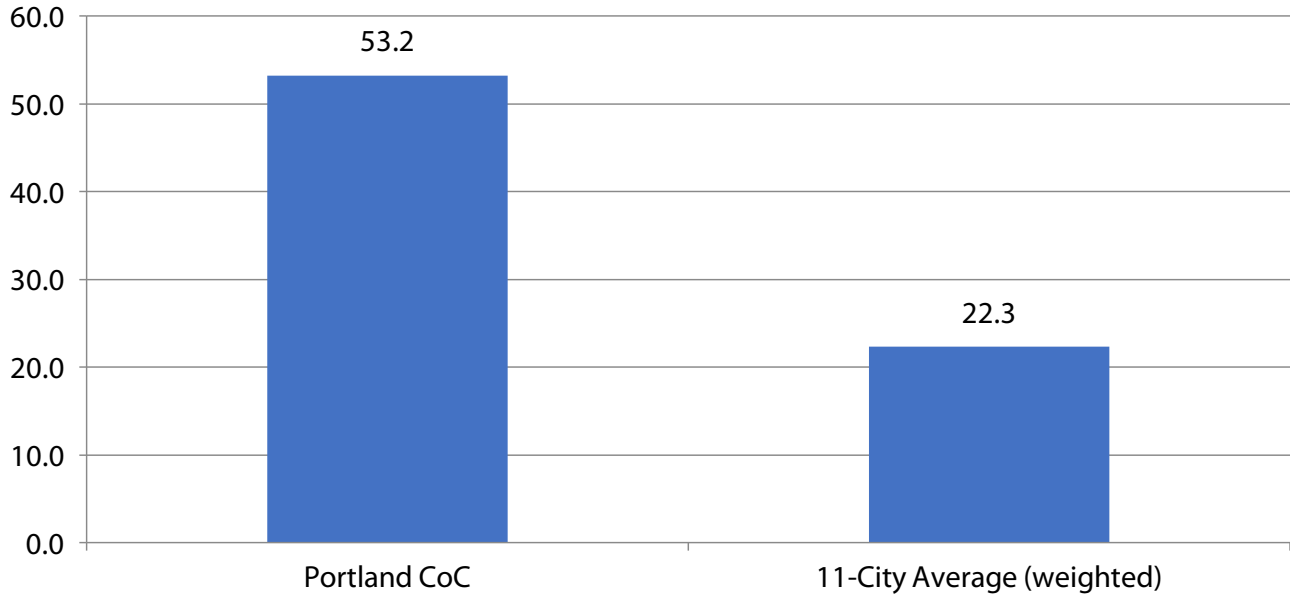
John VanDiest, Sr., founded Portland Rescue Mission (PoRM) in 1949 under the name of John 3:16 Mission. In addition to providing residential services to up to 320 people experiencing homelessness, PoRM also provides over 330,000 meals per year. At the Burnside shelter in downtown Portland, they also provide 24/7 access to restrooms, showers, clothing and hygiene products, mail service, chapel services, referrals, and community activities through their Guest Care Center.

<sup>88</sup> The Portland CoC encompasses all of Multnomah county.

<sup>89</sup> The one correction made here is that the Portland Housing Bureau under-counted the number of ES beds at the Portland Rescue Mission. The number was changed from 65 beds to 152 beds.

<sup>90</sup> We are using the PoRM acronym in this report to distinguish the Portland Rescue Mission from the Phoenix Rescue Mission. Within Portland, they are referred to as PRM.

**FIGURE PO-1: PORTLAND COC - NUMBER OF HOMELESS INDIVIDUALS PER 10,000 IN POPULATION VERSUS THE 11-CITY AVERAGE (2016 PIT DATA)**



**FIGURE PO-2: PORTLAND COC - PERCENTAGE OF UNSHELTERED HOMELESS INDIVIDUALS VERSUS 11-CITY AVERAGE (2016 PIT DATA)**

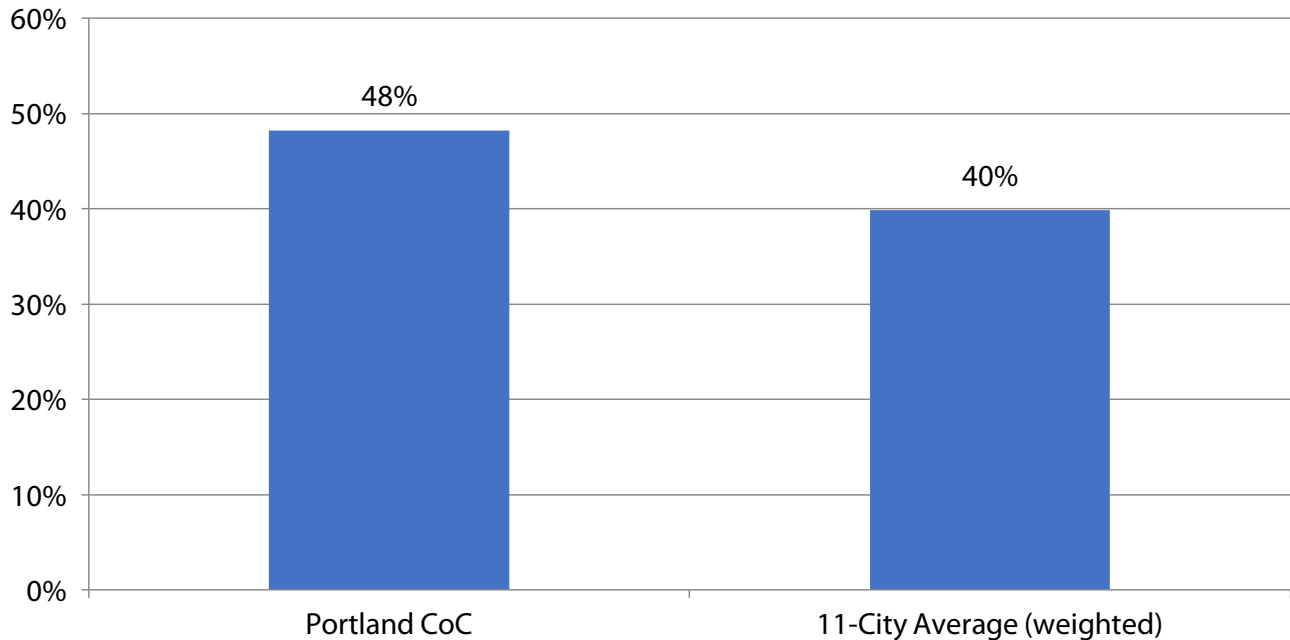


FIGURE PO-3: PORTLAND EMERGENCY SHELTER BEDS (2016 HIC DATA)

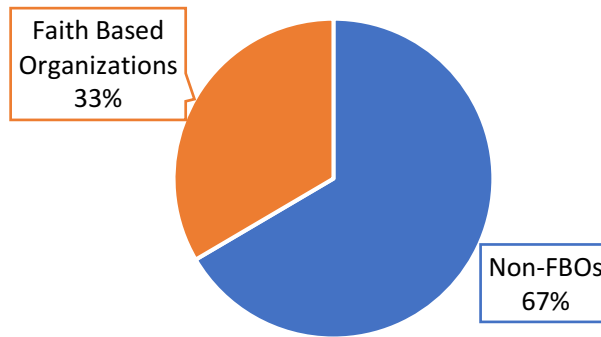
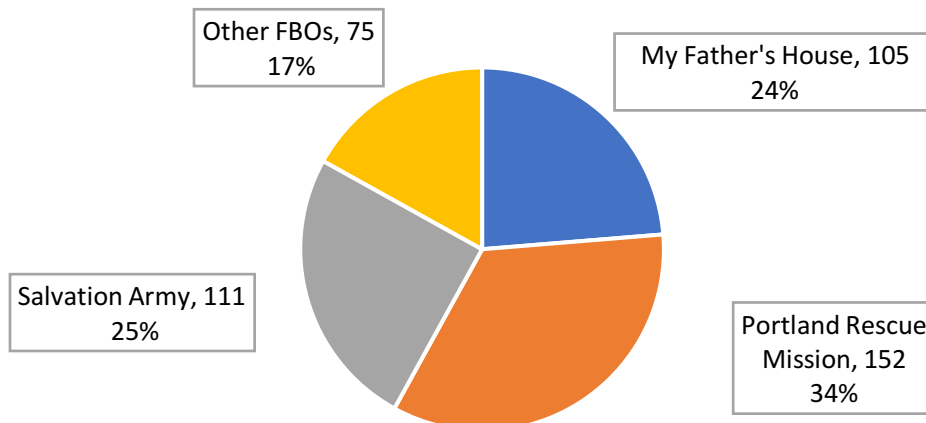


FIGURE PO-4: PORTLAND FAITH-BASED EMERGENCY SHELTER BEDS BY ORGANIZATION (N=443)



**Blanchet House**

The Blanchet House of Hospitality was founded on February 11, 1952, when eight University of Portland students raised funds to offer their first free hot meal, a simple offering of beans, bread, butter, and coffee, to the needy of the community. Inspired by Dorothy Day’s Catholic Worker Movement in New York City, the name was officially changed to the Blanchet House of Hospitality. Blanchet House provides a 46-bed Residential Recovery program, including a 22-bed off-site farm program for men, and a 12-bed Transitional Living program.

**My Father’s House**

My Father’s House (MFH) was founded 16 in 2001, serving five families. Since then, they have served over 1100 families (defined as single parents or couples who have a child in common) and currently serve 28 families in the shelter program and an additional 12 families in their transitional housing

program. MFH accepts no federal funding, as explained by their Executive Director Cathe Wiese and through their website:

*We will not accept any federal funding, in part because we believe in local funding and community support. This enables us to remain flexible and creative in our mission to help homeless families achieve stability. We are able to keep families longer, up to four months, and adapt our program to the individual physical, emotional, relational and spiritual needs of every family.*

MFH receives 150-180 calls per week from individuals and other homeless programs and ministries, with whom they make cross-referrals<sup>91</sup> with both secular and faith-based homeless programs. The core values under-girding the MFH approach are three-fold:

- 1. Relationships:** MFH believes that for families to be successful requires unconditional love and a healthy family relationship with their residents. Trust is essential, and MFH accomplishes this trust through MFH's relationship with each family member.
- 2. Responsibility:** MFH never does anything for families they can do for themselves. MFH expects each family to be responsible for their own actions. MFH provides encouragement, personal support, and helpful actions that do not undermine a family's sense of self-worth.
- 3. Accountability:** Expecting families to be responsible can only be accomplished if MFH is also willing to hold them accountable for their behavior, actions, and motivation.

### ***New City Initiative***

New City Initiative (NCI) began in 2010 with the aim of building partnerships within the faith community towards the goal of ending homelessness. The initial activities from participating congregations involved a number of community-building opportunities, such as classes in glass art, music, hiking, and yoga. These activities also helped the staff at New City Initiative understand and appreciate the importance of social engagement as a key element for successful transition to independent living.

In 2011, as the crisis in homelessness among families with children continued to grow, NCI expanded its request of congregations to include raising money to assist with security deposits and other costs associated with obtaining housing. The initial appeal yielded \$35,000 from 22 congregations and, along with some funding from the Gates Foundation, led to the formation of the Village Support Network (VSN). The VSN has supported over 100 families since 2012 to transition from homelessness to sustained housing. The model for the Network is to form volunteer teams of 4-6 people (typically from the same congregation) that work with a family over a six-month period to help with the transition to self-sufficiency. The Network works with both secular and faith-based homelessness programs for referrals of families.

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<sup>91</sup> Cross-referrals in this context refer to homeless programs that refer clients to one another for a variety of reasons, such as compatibility with program approach, location, and availability.

Paul Schroeder, Executive Director for New City Initiatives and a former Greek Orthodox priest, describes the learning curve for New City Initiative in its work with the homeless:

*Helping homeless families is hard work. We discovered early on that families sometimes came into the program because of the financial supports we offered them, but the real issues they needed to focus on were in other areas of their lives, especially life and relationship skills. With our volunteers, we realized that presenting our success stories as part of our recruitment efforts backfired in the sense that it gave the volunteers the impression that achieving success with homeless families was easier than it actually is, so we started focusing on presenting what we call "complicated narratives of success" that give a more balanced picture of the challenges people are still facing at a broader level. I think the discussion about ending homelessness through initiatives like Housing First, though laudable, likewise lacks a full understanding of how complex and nuanced the problem of homelessness really is.*

Schroeder's perspective brings out the all-important point that a proper understanding of a problem is essential for developing an effective, lasting solution. NCI developed a Theory of Change based on what it learned, which represents a much different perspective on what is the true problem relating to homelessness. This theory is also a very good representation of the perspective of many FBOs

TABLE PO-3: PORTLAND ROI CALCULATIONS

ITEM	REF.	CALCULATION	RESULT
Total estimated annual RRJR program costs for FBOs in Portland CoC	A	Based on survey sampling of FBO RRJR programs representing 73% of all RRJR beds, as per Portland HIC.	\$7,924,000
Total estimated number of "successes" per year (individuals completing all or a material part of designated programs)	B	Based on survey sampling of FBO RRJR programs representing 73% of all RRJR beds, as per Portland HIC.	1,337
Cost per success	A/B	Estimated annual RRJR program cost divided by estimated number of successes	\$5,926
Estimated percent of successes maintaining stable income and housing at follow-up.	C	Based on survey sampling of FBO RRJR programs representing 73% of all RRJR beds, as per Portland HIC.	77%
Number of successes maintaining stable income and housing at follow-up.	B * C	Total estimated number of successes times the percentage of successes maintaining stable income and housing at follow-up.	1,029
Total estimated 3-year taxpayer savings.	D	Based on estimated taxpayer savings from RRJR program successes maintaining stable income and housing at follow-up in terms of: increased income tax revenues, reduced drug treatment and healthcare costs, and reduced Child Protective Services costs.	\$21,127,000
Total estimated annual public (i.e., government) dollars invested in faith-based RRJR programs	E	Based on survey sampling of FBO RRJR programs representing 73% of all RRJR beds, as per Portland HIC.	\$2,100,000
Estimated 3-year taxpayer ROI for faith-based RRJR programs per \$1.00 investment	D / E	Total estimated 3-year taxpayer savings, divided by estimated annual public dollars invested in faith-based RRJR programs.	\$10.06
Total overall estimated 3-year ROI for faith-based RRJR programs per \$1.00 investment	D / A	Total estimated 3-year taxpayer savings, divided by total estimated annual faith-based RRJR program costs	\$2.67

servicing the homeless and is significantly different from the more limited, technical definition of homelessness offered by HUD within the context of Housing First. The NCI Theory of Change is as follows:

*We believe that supportive and mutually enriching relationships are a key to ending the cycle of homelessness. There are many factors that enter into homelessness, such as job loss, physical or mental disability, domestic violence, mental illness, drug and alcohol addiction, and others. But one important factor that is frequently overlooked is the breakdown of relationships and community that occurs when people become homeless. People don't become homeless when they run out of money, at least not right away. They become homeless when they run out of relationships. And this means that the solution to homelessness necessarily involves a reestablishment of relationships and community.*

*People experiencing and transitioning out of homelessness need many things: food, clothing, shelter, employment. But what they need perhaps more than anything else are healthy, positive, and supportive relationships that can literally make the difference between staying housed or becoming homeless again. Formerly homeless people who do not have a community of support surrounding them are often unable to sustain themselves in their housing—they may sink into depression after being housed, return to unhealthy relationships, addictions, or other coping mechanisms, and eventually spiral out of housing and back into homelessness.<sup>92</sup>*

Homelessness defined in this manner demands a more relationship-intensive approach to the individuals and families facing homelessness. This holistic psychology which encompasses personal, social, and emotional problems and attendant challenges of individuals and families helps to address both internal and external needs in a more comprehensive manner. This approach ensures a more long-term, sustainable outcome for a healthier, self-sufficient life, which includes stable housing and income.

### **The Projected Taxpayer Impact and Benefit of Faith-Based Services to the Homeless**

The estimated taxpayer impact of FBOs, specifically related to residential recovery and job readiness (RRJR) programs, is based on a sampling of FBOs representing 73% of all RRJR beds<sup>93</sup> in Portland included in the HIC. Based on these results, we estimate that these FBOs, along with the Salvation Adult Rehabilitation Center (ARC) and Teen Challenge programs, which are not included in the HIC, invest about \$7.9 million per year. These programs have about 1,337 successes, for an average estimated cost/successful outcome of \$5,927.

An estimated 77% of these successes (1,029) maintain their employment (or some other stable source of income) and housing at follow-up.<sup>94</sup> The estimated average 3-year taxpayer savings for program success who maintain independence at follow-up is \$21.1 million, for a total estimated savings of \$19.0 million, which is net of any public (e.g.,) funding received from these programs. (See Table PO-3 (previous page))

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<sup>92</sup> <http://www.newcityinitiative.net/understand-homelessness/our-theory-of-change>

<sup>93</sup> These are referred to by HUD as Transitional Housing beds.

<sup>94</sup> Follow-up can range anywhere from 3 to 24 months, with the average length of follow-up being 12.8 months.



# SAN DIEGO





The estimated overall 3-year ROI for these programs (\$21.2 million in savings divided by \$7.9 million in costs) is \$2.67 in taxpayer savings for every \$1.00 invested in these programs with public and private dollars. The taxpayer ROI, calculated by the total estimated 3-year taxpayer savings (\$21.2 million), divided by estimated annual public dollars invested in faith-based RRJR programs (\$2.1 million), is \$10.06 for every \$1.00 in public (governmental) funding.

## San Diego

### ***Background – General Findings***

The state of California, according to the 2015 Annual Homeless Assessment Report to Congress (AHAR), has experienced some of the most significant decreases in the homeless population since 2007, as shown in Table SD-1 below:

**TABLE SD-1: CALIFORNIA RANKING IN DECREASES IN HOMELESS POPULATION SINCE 2007**

CHANGE BY TYPE OF HOMELESS POPULATION	TOTAL DECREASE SINCE 2007 (RANK AMONG STATES)	PERCENT DECREASE SINCE 2007 (RANK AMONG FIVE STATES WITH GREATEST DECREASES)
Overall Homeless Population	23,248 (1 <sup>st</sup> best)	16.7% (5 <sup>th</sup> best)
Homeless Individuals	17,796 (1 <sup>st</sup> best)	16.0% (5 <sup>th</sup> best)
Homeless People in Families with Children	5,452 (3 <sup>rd</sup> best)	19.5% (5 <sup>th</sup> best)
Homeless Veterans	6,662 (1 <sup>st</sup> best)	37.1% (5 <sup>th</sup> best)
Chronically Homeless	11,163 (1 <sup>st</sup> best)	27.7% (4 <sup>th</sup> best)

Nonetheless, San Diego ranks near the top of major cities on a number of homeless measures, as shown in Table SD-2 (next page).

### ***Background – Specific Findings***

The San Diego CoC is one of seven cities in our 11-city study with a catchment area that covers the greater San Diego metropolitan area.<sup>95</sup> As shown in Figure SD-1 (next page), the San Diego CoC is above the 11-city weighted average of the number homeless men and women per 10,000 population, and, as shown in Figure SD-2 (next page), has the highest percentage of unsheltered homeless men and women among the 11 cities in this study (57%).

### ***Emergency Shelter Beds***

As shown in Figure SD-3 (next page), Faith-Based Organizations (FBOs) provide an estimated 37% of all Emergency Shelter (ES) beds in San Diego, based on the 2016 Housing Inventory Count (HIC) data conveyed to HUD by the lead Continuum of Care (CoC) agency, the San Diego Regional Continuum of Care Council.

<sup>95</sup> The San Diego CoC encompasses all of San Diego County.

FIGURE SD-1: SAN DIEGO CoC - NUMBER OF HOMELESS INDIVIDUALS PER 10,000 IN POPULATION VERSUS THE 11-CITY AVERAGE (2016 PIT DATA)

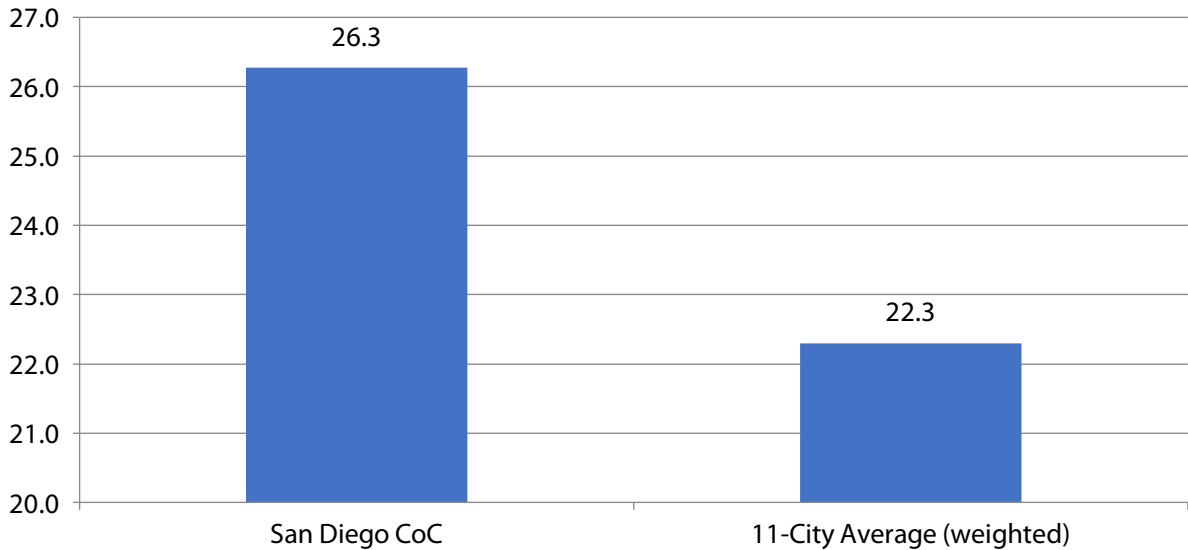


FIGURE SD-2: SAN DIEGO CoC - PERCENTAGE OF UNSHELTERED HOMELESS INDIVIDUALS VERSUS 11-CITY AVERAGE (2016 PIT DATA)

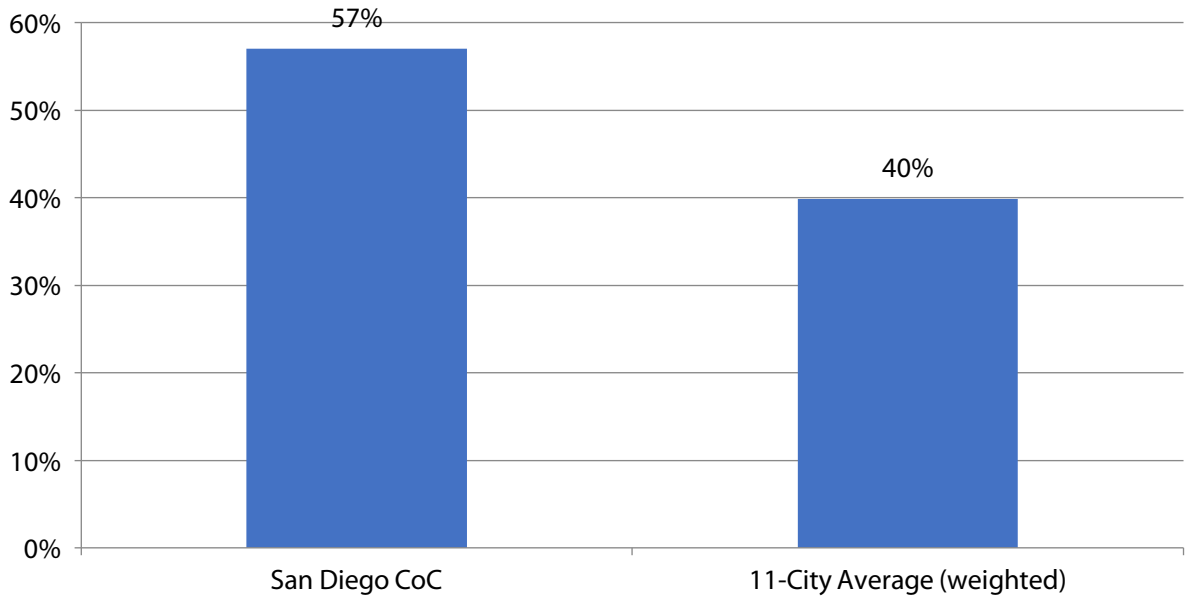


Figure SD-4 (next page) shows that Father Joe's Villages provide almost a quarter (24%) of the 562 FBO-provided ES beds, and 15% each through Catholic Charities and Interfaith Shelter of San Diego.

FIGURE SD-3: SAN DIEGO EMERGENCY SHELTER BEDS  
(2016 HIC DATA)

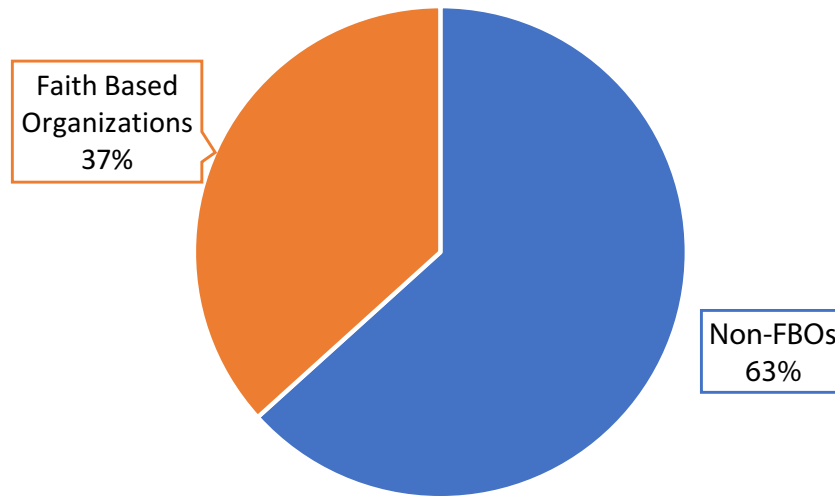
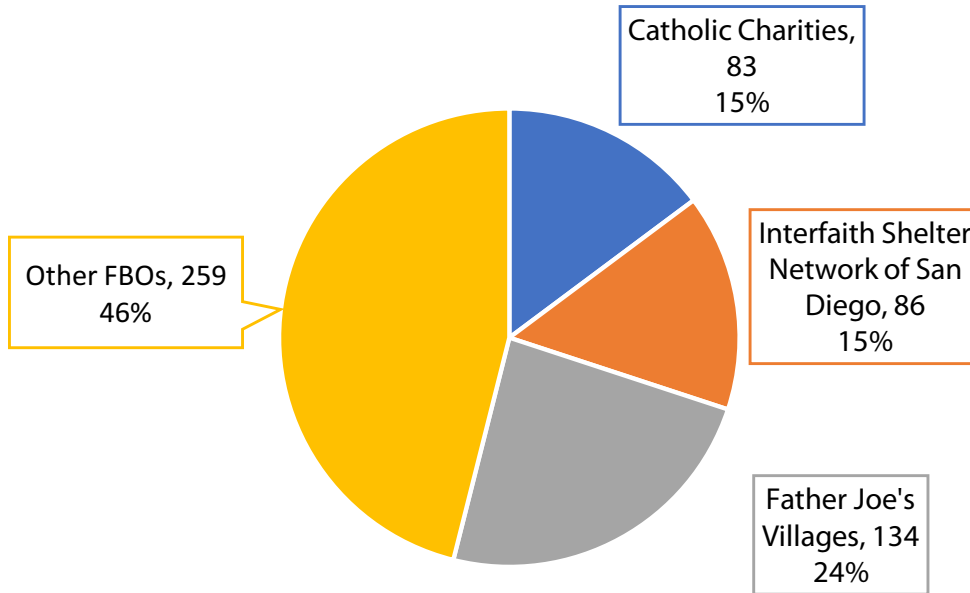


FIGURE SD-4: SAN DIEGO: FAITH-BASED EMERGENCY  
SHELTER BEDS BY ORGANIZATION



**Government/FBO Collaboration****Project 25**

Project 25 was originally a 3-year pilot program comprising a collaborative effort among the County of San Diego, San Diego Housing Commission, United Way of San Diego, and Father Joe's Villages. The program launched in January of 2011 with the goals of:

1. Identifying at least 25 chronically homeless individuals (hence the name Project 25) in San Diego who were among those placing the heaviest burden on public services and resources such as emergency room visits and arrests;
2. Providing them with long-term housing and supportive services using a Housing First model; and
3. Tracking the differences the program makes in the participants' use of public services and compiling and reporting data on cost savings resulting from the program intervention.

The San Diego Housing Commission (SDHC) was an approved Moving to Work (MTW)<sup>96</sup> site designated by HUD. This MTW designation allowed SDHC flexibility in the way it operated its housing voucher programs. SDHC provided Father Joe's Villages with 25 sponsor-based federal housing vouchers, which allowed Project 25 staff to utilize a Housing First model to help participants move from the street directly into rental housing of their choice in the community. The voucher provided a rental subsidy, while Father Joe's Villages staff provided intensive support to help clients maintain housing stability.

Once the participants were selected, a method was developed to track costs associated with them (i.e., emergency room visits and days in jail). Project 25 team members then engaged the selected participants with housing and various other types of support. Although each client was assigned their own case manager, the participants were familiar with all team members, including a psychiatrist dedicated to the project. The team's first goal was to get a participant stable housing. The next was to address the myriad other complex health, mental health, and psychosocial needs of the participants by coordinating services and establishing a medical home and regular medical care.<sup>97</sup>

Subtracting the costs to operate the Project 25 program from the reduction in extrapolated public outlays for hospital and other services yielded a net savings of approximately \$1.6 million in 2012 and \$2.1 million in 2013.<sup>98</sup>

Deacon Jim Vargas, President and CEO of Father Joe's Villages, described the benefit of the collaboration:

<sup>96</sup> Moving to Work (MTW) is a demonstration program for public housing authorities (PHAs) that provides them the opportunity to design and test innovative, locally-designed strategies that use federal dollars more efficiently, help residents find employment and become self-sufficient, and increase housing choices for low-income families. MTW gives PHAs exemptions from many existing public housing and voucher rules and more flexibility with how they use their federal funds. MTW PHAs are expected to use the opportunities presented by MTW to inform HUD about ways better to address local community needs. [http://portal.hud.gov/hudportal/HUD?src=/program\\_offices/public\\_indian\\_housing/programs/ph/mtw](http://portal.hud.gov/hudportal/HUD?src=/program_offices/public_indian_housing/programs/ph/mtw).

<sup>97</sup> The pilot project, which in the end was actually able to provide 36 chronically homeless individuals with housing and support services, ended in 2013. The project continues with a grant from SAMHSA and financial support from Medicaid managed care plans.

<sup>98</sup> More data can be found in the following report: [http://www.pointloma.edu/sites/default/files/filemanager/fbei-project-25-executive-summary\\_2.pdf](http://www.pointloma.edu/sites/default/files/filemanager/fbei-project-25-executive-summary_2.pdf).

*The project was a great success, and we continue to identify those chronically homeless individuals that are disproportionately taxing public resources now that the original pilot program funding has ended. I think the value of this initiative simply comes from getting everyone at the table, both in terms of tracking the data and understanding the problem, and working together on a solution. Our region still has a long way to go in order to sustain this type of collaboration.*

### **Highlighted FBO homeless service providers**

#### **Father Joe's Villages**

Father Joe's Villages (FJV) began as a ministry of the Roman Catholic Diocese of San Diego more than 65 years ago and is one of the oldest homeless services providers in southern California. For the first 30 or so years, it was a relatively modest ministry, referred to as St. Vincent De Paul, serving the needs of the homeless in a somewhat limited capacity. It wasn't until Father Joe Carroll was asked to lead the organization in 1982 that the organization began to expand its ministry scope and capacity.

Historically and organizationally, FJV<sup>99</sup> always embraced the concept of a continuum of housing as now espoused by HUD, with programs and resources addressing the full range of housing needs, from Emergency Shelter beds to the rental housing provided by permanent supportive housing (PSH).

As Deacon Jim explained:

*The model which Father Joe set in motion 30 years ago was based on responding to the needs of the individuals we were there to serve. Today, we not only provide interim shelter,<sup>100</sup> transitional housing focused on recovery and job readiness, permanent supportive housing, and rapid rehousing services, but beyond that our housing continuum also includes affordable, low-income housing.*

The current FJV array of housing programs (and the average number of individuals served on an annual basis) includes:

- Transitional Housing (214);
- Interim Housing (488);
- Rapid Rehousing – scattered site (267);
- Permanent Supportive Housing – scattered site – (155);
- Permanent Supportive Housing – FJV-based – (160); and
- Affordable Housing (205).

FJV also provides care for homeless people through a federally-qualified health center (FQHC) and dental clinic. This clinic serves as a site for the Combined Family Medicine and Psychiatry residency program in partnership with the University of California San Diego (UCSD) medical school.

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<sup>99</sup> Since Father Joe took the helm, the organization has operated as two separate non-profit agencies, St. Vincent de Paul Village and Father Joe's Villages. In 2015, the organization rebranded itself under the name "Father Joe's Villages."

<sup>100</sup> HUD refers to emergency shelter synonymously as interim shelter.

Father Joe's Villages provides an array of housing including Housing First programs, which help people who are homeless move directly from homelessness into permanent housing, and transitional housing programs, which have a temporary stay and require people to work on achieving goals that will eventually support them in sustaining permanent housing. In the last several years, HUD and other federal housing funders have shifted their funding so that a majority is reserved for Housing First programs.

While Deacon Jim supports the Housing First approach (see FJV's role in the above reference to the Project 25 collaboration), he also supports the utilization of multiple types of housing programs that are tailored to meet the needs of the specific population they are serving.

As Vargas explained:

*My background is in the private sector, and the key to success there is to be responsive to the needs of your clients with an array of products and services. Housing First has proven itself effective in certain contexts, such as for people who are chronically homeless; we also need to ensure that there is an array of housing that meets the diverse needs of our homeless community.*

### **San Diego Rescue Mission**

The San Diego Rescue Mission (SDRM) was founded in 1955 by a resolution of an assemblage of San Diego church and business leaders to provide food, clothing, and spiritual guidance to the region's homeless. In 1958, the Mission expanded its services to include short-term shelter and services for up to 85 men and in 1960 opened the first shelter for women and children in San Diego County. Today, SDRM operates a 60-bed ES shelter and four residential recovery and job training (RRJR) programs totaling 419beds.

One of these residential programs is a 27-bed Recuperative Care Unit, initially funded through a grant from the United Way in 2009, which provides homeless individuals that are discharged from the hospital with a place to recover and heal with the support of medical staff coordinated through various hospital partnerships. Through this grant, SDRM established a contract with a large healthcare system serving the San Diego metropolitan area, who staffed their unit with a medical nurse case manager. In addition, SDRM utilized its networks and resources to assure that as many clients as possible were discharged from the Recuperative Care Unit into stable housing, thus further improving long-term medical outcomes and decreasing the likelihood of future Emergency Room admissions.

As Graden Tonna, Program Director for the Recuperative Care Unit at SDRM explained:

*Although ultimately the hospitals we contract with determine the length of stay in the unit, we have successfully negotiated longer lengths of stay for certain patients in order to assure discharge into stable housing, which also decreases the likelihood of a 30-day readmission. Given the fact that we are only charging \$100 a day, as compared to the daily cost of about*

*\$1,500 in an ICU or ER, our Recuperative Care Unit helps to significantly reduce healthcare costs for the individuals we serve and the community.*

In fact, SDRM's original hospital partner reported \$500,000 in savings attributable to the Recuperative Care Unit during its 10-patient pilot study through the United Way grant. SDRM now has contracts or LOAs (Letter of Agreements) with six hospitals in the San Diego metropolitan region. Based on the savings reported by their original partner, Tonna estimates the total annual savings for the Recuperative Care Unit to be somewhere between \$5 and \$6 million. Ironically, SDRM currently only has staffing to support 18 of the 27 beds.

SDRM also operates a licensed pre-school, an outpatient therapy clinic (with 95% of clients from among SDRM residents), and an Alumni Aftercare program created for clients to help them re-integrate into society after successfully completing and graduating from a SDRM residential program.

### ***Catholic Charities***

Catholic Charities, Diocese of San Diego (CCDSD), operates a range of housing programs addressing homelessness. As per the 2016 HIC, CCDSD provides 83 ES beds through one of four shelters, 39 RRJR beds through four different programs, and a 29-bed permanent supportive housing program.<sup>101</sup> Many HUD funded homeless providers across the country have experienced the reduction in Transitional Housing beds (i.e., residential recovery). This reduction in HUD funding has significantly curtailed CCDSD's homeless ministry resources.

Sister RayMonda DuVall, Executive Director for CCDSD, has a long history of working with the homeless in San Diego. Sister RayMonda described how the recent loss of local autonomy and decision-making has affected CCDSD and other providers in how the issues pertaining to homelessness were previously addressed by the service community:

Thirty or so years ago, we formed what was known as the Emergency Resource Group. This collective of community-based agencies was built to serve the common good, with the group making determinations on the most crucial areas of need. Now, homeless providers are in shock and fear of losing HUD funding. Our voices have been diminished, and we are compelled to work to implement policy and program priorities that come directly from HUD. Housing First emerged, in part, due to concerns that the transitional housing program was being misused and costly. We had great success with chronic homeless women in transitional housing; now that funding has disappeared.

### ***The Projected Taxpayer Impact and Benefit of Faith-Based Services to the Homeless***

The estimated taxpayer impact of FBOs, specifically related to residential recovery and job readiness (RRJR) programs, is based on a sampling of FBOs representing 46% of all RRJR beds<sup>102</sup> in San Diego included in the HIC. Based on these results, we estimate that these FBOs, including the Salvation Adult Rehabilitation Pro-

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<sup>101</sup> Permanent Supportive Housing is designed to provide housing and supportive services on a long-term basis for formerly homeless people who have disabilities.

<sup>102</sup> These are referred to by HUD as Transitional Housing beds.

gram (ARC), which is not included in the HIC, invest about \$5.5 million per year. These programs have about 468 successes, for an average estimated cost/successful outcome of \$11,774.

An estimated 46% of these successes (215) maintain their employment (or some other stable source of income) and housing at follow-up.<sup>103</sup> The estimated average 3-year taxpayer savings for program successes who that maintain independence after one year is \$3.2 million, for a total estimated savings of \$2.8 million, which is net of any public (e.g..) funding received from these programs.

The estimated overall 3-year ROI for these programs (\$3.2 million in savings divided by \$5.5 million in costs) is \$0.58 in taxpayer savings for every \$1.00 invested in these programs with public and private dollars. The taxpayer ROI, calculated by the total estimated 3-year taxpayer savings (\$3.2 million), divided by estimated annual public dollars invested in faith-based RRJR programs (\$404,203), is \$7.96 for every \$1.00 in public (governmental) funding.

TABLE SD-3: SAN DIEGO ROI CALCULATIONS

ITEM	REF.	CALCULATION	RESULT
Total estimated annual RRJR program costs for FBOs in San Diego CoC	A	Based on survey sampling of FBO RRJR programs representing 46% of all RRJR beds, as per San Diego HIC.	\$5,510,000
Total estimated number of "successes" per year (individuals completing all or a material part of designated programs)	B	Based on survey sampling of FBO RRJR programs representing 46% of all RRJR beds, as per San Diego HIC.	468
Cost per success	A/B	Estimated annual RRJR program cost divided by estimated number of successes	\$11,773
Estimated percent of successes maintaining stable income and housing at follow-up.	C	Based on survey sampling of FBO RRJR programs representing 46% of all RRJR beds, as per San Diego HIC.	46%
Number of successes maintaining stable income and housing at follow-up.	B * C	Total estimated number of successes times the percentage of successes maintaining stable income and housing at follow-up.	215
Total estimated 3-year taxpayer savings.	D	Based on estimated taxpayer savings from RRJR program successes maintaining stable income and housing at follow-up in terms of: increased income tax revenues, reduced drug treatment and healthcare costs, and reduced Child Protective Services costs.	\$3,219,000
Total estimated annual public (i.e., government) dollars invested in faith-based RRJR programs	E	Based on survey sampling of FBO RRJR programs representing 46% of all RRJR beds, as per San Diego HIC.	\$404,203
Estimated 3-year taxpayer ROI for faith-based RRJR programs per \$1.00 investment	D / E	Total estimated 3-year taxpayer savings, divided by estimated annual public dollars invested in faith-based RRJR programs.	\$7.96
Total overall estimated 3-year ROI for faith-based RRJR programs per \$1.00 investment	D / A	Total estimated 3-year taxpayer savings, divided by total estimated annual faith-based RRJR program costs	\$.58

<sup>103</sup> Follow-up can range anywhere from 3 to 24 months, with the average length of follow-up being 12.8 months.



## Seattle

### ***Background – General Findings***

The state of Washington, according to the 2015 Annual Homeless Assessment Report to Congress (AHAR), has experienced some of the most significant increases in homelessness since 2014, as shown in Table Se-1 below:

**TABLE SE-1: WASHINGTON RANKING FROM 2015 AHAR REPORT**

CHANGE BY TYPE OF HOMELESS POPULATION	TOTAL INCREASE SINCE 2014 (RANK AMONG STATES)	PERCENT INCREASE SINCE 2014 (RANK AMONG FIVE STATES WITH GREATEST INCREASES)
Overall Homeless Population	977 (4 <sup>th</sup> worst)	5.3% (4 <sup>th</sup> worst)
Homeless Individuals	1,136 (4 <sup>th</sup> worst)	10.0% (4 <sup>th</sup> worst)

In addition, Seattle ranks among the top of major cities on a number of homelessness measures, as shown in Table SE-2 below.

**TABLE SE-2: SEATTLE RANKING ON VARIOUS MEASURES OF THE HOMELESS POPULATION**

TYPE OF HOMELESS POPULATION	NUMBER AS OF 2015	RANKING AMONG LARGE US CITIES
Overall Homeless Population	10,122	3 <sup>rd</sup> worst
Homeless Individuals	7,053	3 <sup>rd</sup> worst
Homeless People in Families with Children	3,069	5 <sup>th</sup> worst
Homeless Veterans	608	8 <sup>th</sup> worst
Chronically Homeless Individuals	812	10 <sup>th</sup> worst

### ***Background – Specific Findings***

The Seattle CoC is one of seven cities in our 11-city study with a catchment area that covers the greater San Diego metropolitan area.<sup>104</sup> Seattle CoC is 3rd highest among the 11 cities in both the number homeless men and women per 10,000 population (Figure SE-1 (next page)) and in the percentage of unsheltered homeless men and women among the 11 cities in this study (Figure SE-2 (next page)).

### ***Emergency Shelter Beds***

As shown in Figure SE-3 (next page), Faith-Based Organizations (FBOs) provide an estimated 63% of all Emergency Shelter (ES) beds in Seattle, based on the 2016 Housing Inventory Count (HIC) data provided to HUD by the lead Continuum of Care (CoC) agency, All Home.

Figure SE-4 (next page) shows that about 22% of the 2,325 FBO-provided ES beds are through the Union Gospel Mission, 18% through Catholic Community Services, and 16% through the Salvation Army.

<sup>104</sup> The Seattle CoC encompasses all of King County.

FIGURE SE-1: SEATTLE COC - NUMBER OF HOMELESS INDIVIDUALS PER 10,000 IN POPULATION VERSUS THE 11-CITY AVERAGE (2016 PIT DATA)

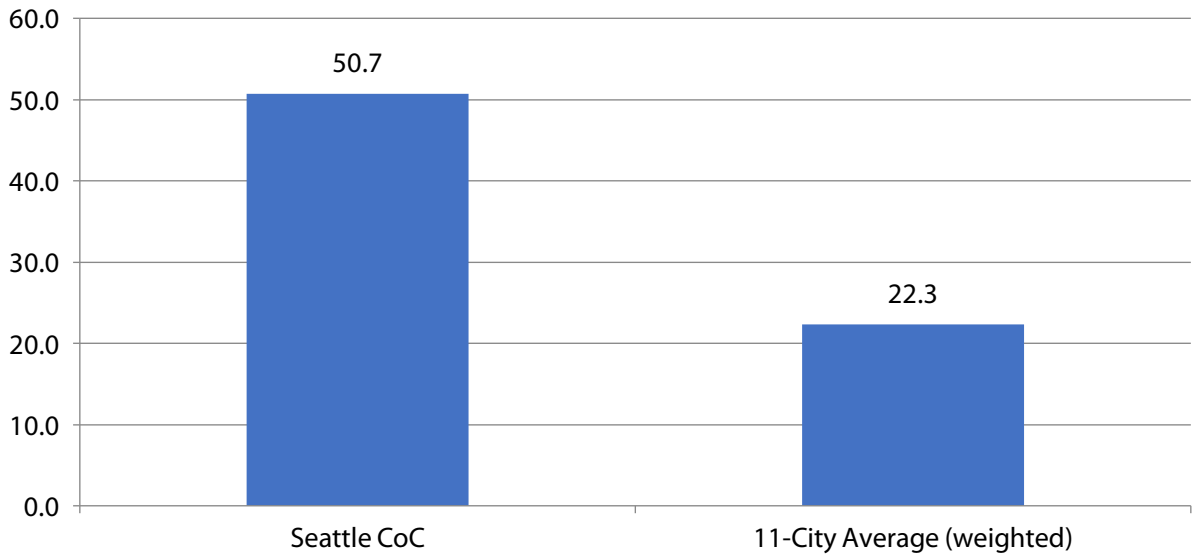
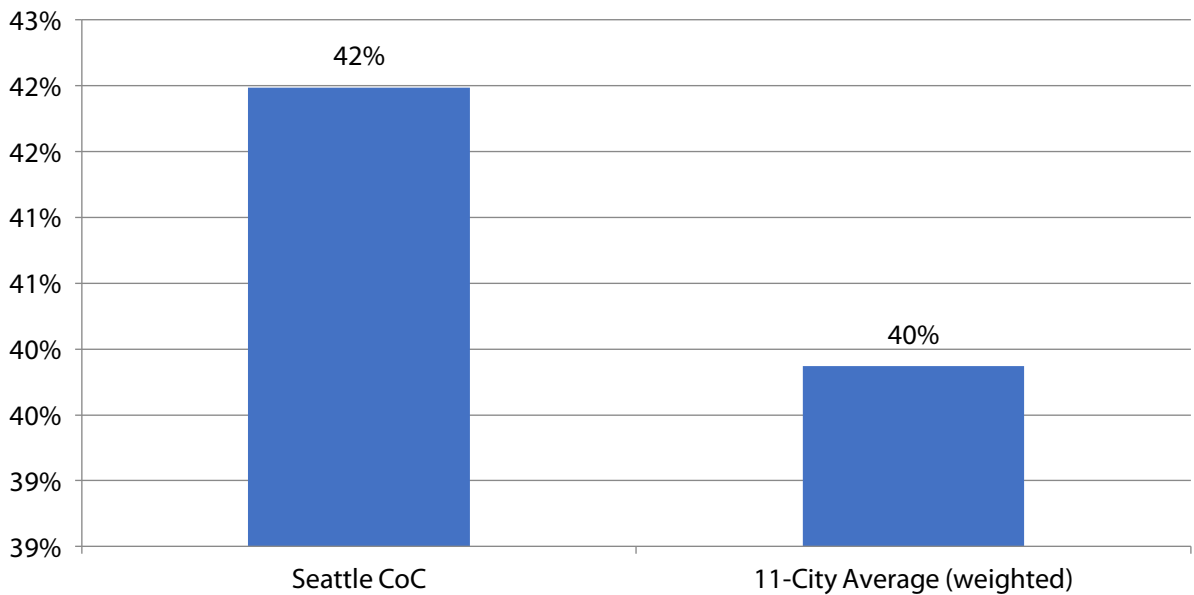


FIGURE SE-2: SEATTLE CoC - PERCENTAGE OF UNSHELTERED HOMELESS INDIVIDUALS VERSUS 11-CITY AVERAGE (2016 PIT DATA)



**Government/FBO Collaboration**

In November of 2015, Seattle Mayor Edward Murray declared a state of emergency in response to the city’s growing homelessness crisis after Seattle failed to meet its goals of ending chronic homelessness in 10 years. Instead, King County, where Seattle is located, saw a 21% jump from the previous year’s homeless count. Of the 3,772 homeless individuals in King County, 2,800 live in Seattle proper. In 2016 the numbers continued to rise another 19% to 4,505 county-wide and 2,942 in Seattle.

FIGURE SE-3: SEATTLE EMERGENCY SHELTER BEDS  
(2016 HIC DATA)

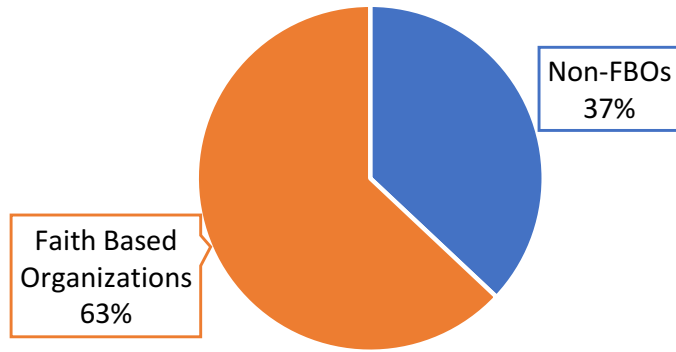
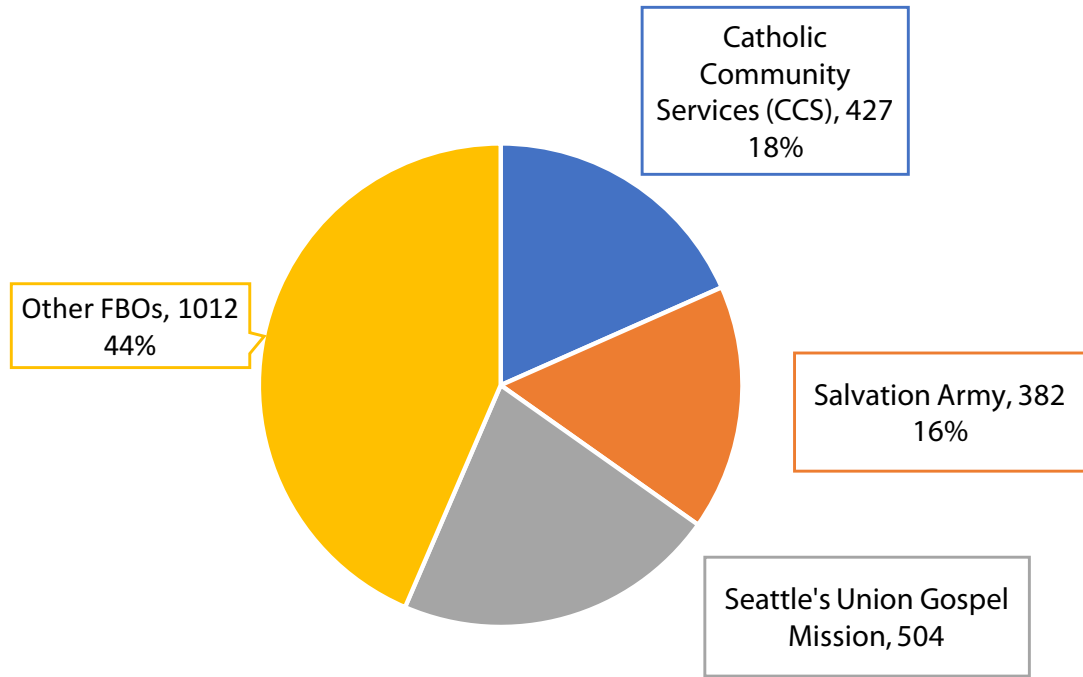


FIGURE SE-4: SEATTLE FAITH-BASED EMERGENCY SHELTER BEDS BY ORGANIZATION



***Seattle Union Gospel Mission, the Mayor, and the "Jungle"***

In declaring this state of emergency, the city and county also pledged additional resources to increase the



number of shelter beds in the region. Murray, an openly gay mayor, reached out to Seattle's Union Gospel Mission (UGM) to ask for their help in clearing out an area under Interstate 5 referred to as the "Jungle." The "Jungle" was a homeless encampment that had grown to nearly 500 individuals, with the majority of residents struggling with severe heroin addiction. It was an area overrun with crime, including drug-dealing and human trafficking.

As Jeff Lilley, President of UGM, described:

*There were many in the community wondering how an openly gay mayor could collaborate with a faith-based organization, which was often classed as discriminatory simply because of our religious beliefs. At the time, there were about 400 people living in the Jungle, but because of a recent shooting of five people, resulting in two deaths, the mayor determined that he had to take some action. We agreed to work with the city, and within four weeks, we had two-thirds of those people in a shelter or placed elsewhere. To accomplish this, we approached each individual, heard their story, and attempted to meet their needs within the unique context of their story. There is no simple system or cookie-cutter approach. It's simply taking the time to hear people's stories and come alongside of them to meet the needs they communicate.*

UGM was offered but did not accept any funds from the city for their time and effort, because as Lilley explained: This is what we are called to do.

The leadership role UGM offers in Seattle extends far beyond its guidance and management with regards to homelessness; UGM has also established collaborations between schools and local churches to provide everything from tutoring to classroom support for teachers. Additional partnerships between local churches and city and county social service agencies have developed through UGM's facilitation efforts, ranging from work in the foster care system to individual re-entry efforts throughout the King County jails.

### **Highlighted FBO homeless service providers**

#### ***Union Gospel Mission***

Seattle's Union Gospel Mission (UGM), founded in 1932 to feed and save the souls of homeless men, has grown over the years to become a diversified, faith-based non-profit offering many social services in addition to its shelter beds and hot meals for needy men and women.<sup>105</sup> Currently, UGM provides 504 ES beds through seven different programs and another 173 residential recovery and job training (RRJR) beds through another seven different programs. In addition, UGM conducts an aggressive search and rescue outreach, with vans sent throughout Seattle and King County to seek out the homeless, offer them the choice to come stay at the Mission, and, even if they decline, to leave them with food, clothing, a warm blanket, and a hot drink.

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<sup>105</sup> Amundson, Mavis; Union Gospel Mission (Seattle); Posted 12/17/2009; HistoryLink.org Essay 9248.

UGM offers a comprehensive array of services beyond its shelter beds, residential recovery and job training programs, and homeless outreaches, including full dental and legal services. UGM dedicates an entire floor of its downtown shelter for homeless individuals discharged from the hospital who are nevertheless unwell or too frail and still in need of medical attention in order to achieve full health. UGM has built relationships with downtown businesses and concerned citizens in a coordinated effort to get mentally disabled people off the street and into treatment. UGM helps ex-offenders by providing: Bible studies, life-skills programming, and one-on-one counseling to help prisoners re-enter society after release (see Exhibit Se-1 (next page) for a full listing of UGM's programs and ministries).

Another UGM innovation is how it engages current and potential donors, as well as other key stakeholders.

As Jeff Lilley, President of UGM, explained:

*We provide donors and other stakeholders with a unique tour of the city. We show them a park overrun with the homeless, which is right next to the famous Pike's Market. We take them to some of the Housing First locations, and they watch open air drug deals taking place before their eyes. We take them by the jails, the courthouse, and Harborview Hospital, and discuss how years of city policy have contributed to the current social problems on the streets of Seattle. (Some of our guests on these tours have been from the Mayor's office as well.) We do this because we want our partners to have a deeper understanding and a direct experience of the problem of homelessness. The more we educate, the stronger our relationship with, and commitment from, our donors and stakeholders.*

### **Salvation Army**

The Salvation Army in Seattle provides 382 ES beds through six different programs, including a 77-bed shelter funded by the city of Seattle under contract with the Salvation Army. They also provide an additional 207 RRJR beds through four different programs, including a 30-bed unit funded by the Veterans Administration.

Major Philip Smith, Director of Social Services for Salvation Army in Seattle, provided his perspective on the homelessness crisis in Seattle:

*I think that Seattle has a compassion driven perspective that ironically adversely affects our ability to resource and reduce the amount of those living in homelessness in many respects. The culture of the community leans largely in favor of viewing homelessness as an "entitlement" to live according to one's own standard and as a matter of human right.*

*In turn, our objectives as a community become ensuring the dignity of this population is upheld by meeting basic needs where possible and providing resources and options for a transition*

## Seattle's Union Gospel Mission

### A Brief Overview of Our Programs

Complex issues surround poverty and homelessness. They affect real people, from the woman living with her kids in her car to the man who lost his job because his company downsized. Our programs tackle these complex issues. But success is only possible when the whole community pitches in.



#### Emergency Food & Shelter

More than 1,500 men, women and children join us for a meal every day. 175 people fill our emergency shelter every night. These basic services are at the core of our work. We provide:

- Daily meals
- Shelter
- Clothing, showers and other basic care



#### Addiction Recovery

Drugs and alcohol can destroy people. They keep people on the streets, unable to escape the cycle of homelessness. Our recovery programs help people leave their addictions behind and give them the foundation for starting a new life. We help men and women through:

- Counseling
- Relapse prevention curriculum
- Biblical studies



#### Transitional Housing

The road to recovery can be difficult. Transitional housing gives women and children a stable place to live while they get back on their feet. We also support them through:

- Education and career development
- After-school tutoring
- Spiritual development
- Recreational outings



#### Medical Rehab

We give men recovering from an illness or injury a place to stay while they are getting healthy. But they don't just receive a warm bed to sleep in, they also receive:

- Peace of mind
- Spiritual support
- Exposure to a community of men being transformed by God's love



#### Street Outreach

One of the primary reasons youth join gangs is because they want to belong to a group or a community. The Mission is uniquely positioned to aid in the effort to decrease gang activity and provide an alternative path for young men in the Rainier Valley. Our Street Outreach program offers:

- Internships
- Technical job skills training
- Mentors and counseling services



### Youth Ministry

Poverty can be passed down from generation to generation. That's why we must reach high risk youth. We partner with other organizations to help young people turn their lives around through:

- After-school and weekend activities
- Bible studies and life-skills programs
- Spiritual and emotional support



### Prison Ministry

Prisoners often live forgotten lives, locked behind bars. But without help, these men and women will likely commit another crime after they're released. We walk alongside prisoners to help them rebuild their lives through:

- Mentoring
- Post-release support
- And much more



### Hispanic Services

Our Spanish-language services provide Hispanic men in our community support and assistance as they work through the challenges of living far from friends and families and a place where they do not speak the language. We provide:

- Assistance with substance abuse
- Counseling
- Chapel



### Dental Services

Many people on the streets can't afford the most basic dental care. Neglected teeth can cause medical and self-esteem issues. The dental clinic provides free dental care to anyone staying at a mission or shelter in the city. We provide men and women with:

- Cleanings
- Fillings
- Preventative care



### Legal Services

Legal problems can keep men and women from escaping poverty and homelessness. The Mission's Open Door Legal Services helps individuals who can't afford legal representation. They offer the following free services:

- Legal advice
- Representation
- Referrals



### Mental Health Services

We seek out partnerships and build relationships to bring mentally disordered people off the streets and into treatment. Our mental health program provides:

- Counseling
- Relationship building
- Mental health first aid
- Crisis response and intervention
- Referrals to service providers by outreach specialist





## Education

Education helps end the cycle of homelessness. The Mission helps men and women prepare to enter the workforce through:

- GED completion programs
- Office-skills training
- Computer training
- And more



## Search & Rescue

Thousands of men and women sleep on King County's streets each night. They're forced to deal with the cold and wet weather because there aren't enough beds in shelters. Search and Rescue vans reach men and women in the darkest places of the city. Each night, volunteers hand out life-saving supplies like:

- Food
- Clothing
- Blankets
- Hot chocolate



## Art From the Streets

Art From the Streets provides instruction and space for homeless men and women to explore the arts as a catalyst for healing and therapy. The program is made possible thanks to a grant from the City of Seattle. Together, we are connecting homeless individuals to the community through the arts.

*from homelessness to more traditional forms of personal stability. This kind of attitude, though perhaps well-intentioned, serves to enable the homeless to remain so and therefore minimizes the incentive to consider and access other stabilization options. The challenge for us as a faith-based organization is to respond to the culture without compromising our mission.*

Salvation Army also actively partners with UGM in the area of street outreach.

As Smith described:

*Street Outreach is often the bridge between the homeless and the services. It is about meeting the needs of people where they are, while also encouraging people to seek shelter and to find a way to better themselves.*

### Other Homeless Ministries

#### ***Jewish Family Services***

Jewish Family Services of Seattle's (JFS's) mission is to help vulnerable individuals and families in the Puget Sound region achieve well-being, health, and stability. JFS in Seattle has recently launched an initiative called

Project Kavod/Dignity, under the direction of Beth Huppin, who explained the unique connection to the issue of homelessness to the history of the Hebrew nation:

As Huppin explained:

*Kavod is a Hebrew term that translates to dignity, honor, and integrity. While it is also a term used specifically in reference to a nationwide initiative aimed at ensuring the dignity of Holocaust survivors, we also see its application for JFS in our efforts to preserve the dignity of those experiencing homelessness. After all, we have a time in our own history when we were homeless in the wilderness for 40 years.*

One such initiative JFS was involved in developing is a program called Homeless to Renter (H2R). H2R is a King County partnership between JFS and Temple Beth Ann that covers move-in costs (e.g., first and last months' rent and deposit) for potentially homeless families who would otherwise not be able to come up with the funds to get into housing. Over the past 10 years, H2R has helped over 1,000 people find housing, of which 85% were able to maintain that housing a year later.

#### ***Faith and Family Homelessness Initiative***

In July of 2011, Seattle University School of Theology and Ministry, a Jesuit School, was awarded the first of three generous grants from the Bill and Melinda Gates Foundation for the Faith and Family Homelessness (FFH) Project. The purpose of the project was to create new relationships, platforms, and models for successful faith-based advocacy and homeless response programming. Over the course of the 4-year project, the school sponsored more than 180 trainings in partnership with Jewish, Muslim, Catholic, Protestant, and Evangelical congregations for the purpose of educating their members about the issue of family homelessness.

As Lisa Gustaveson, Program Manager of the project, described:

*When presented with the information in a format that reflects their tradition and culture, most congregations can see the extent of the problem and understand their role in advocating for more resources for homeless families. It's more of a challenge to engage them in a way that they can see their ministry as part of the system that helps people when the safety net fails them.*

*Many congregation homeless programs operate outside of the mainstream system. Therefore, communities who are working to implement Coordinated Entry Systems fail to capture the impact of the faith-based responses and synchronize efforts with the congregational programs. In addition, many Continuum of Care systems struggle to effectively partner with faith communities. We have found that the community response to homelessness is strengthened when the faith community ministries are invited to contribute in a meaningful way to local responses. Effective partnership takes commitment, concentrated effort, and patience as relationships are built, trust is gained, and opportunities are embraced.*

There are a number of ways that congregations are contributing to address the homeless epidemic in Seattle. For example, many local congregations use church property to host revolving overnight shelters and tent cities. Other congregations operate "Safe Parking" ministries, whereby they grant homeless families and individuals permission to sleep in their cars in church parking lots, with church members coming alongside these individuals and families with informal case management, group mentoring, meals, and access to showers. The Seattle Mennonite Church serves about 23 patients per year with recuperative care beds for those individuals with serious health issues, 25% of whom they were successful in transitioning to stable housing.

Many of the faith community volunteers are also trained in Mental Health First Aid, a version of first aid training specifically focused on detecting mental health issues and identifying places where those individuals can get help, through something known as the Companionship model. Many congregations also partner with FBOs like UGM to provide day shelter for UGM residents, along with case management, job skills training, and job placement assistance.

#### ***The Projected Taxpayer Impact and Benefit of Faith-Based Services to the Homeless***

The estimated taxpayer impact of FBOs, specifically related to residential recovery and job readiness (RRJR) programs, is based on a sampling of FBOs representing 39% SE of all RRJR beds<sup>106</sup> in Seattle included in the HIC. Based on these results, we estimate these FBOs, including the Salvation Adult Rehabilitation Program (ARC), which is not included in the HIC, invest about \$18.6 million per year. These programs have an estimated 1,279 successes, for an average estimated cost/successful outcome of \$14,572.

An estimated 78% of these successes (998) maintain their employment (or some other stable source of income) and housing at follow-up.<sup>107</sup> The estimated average 3-year taxpayer savings for program successes who maintain independence at follow-up is \$19.8 million, for a total estimated savings of \$15.6 million, which is net of any public (e.g.,) funding received from these programs (See Table SE-3 (next page)).

The estimated overall 3-year ROI for these programs (\$19.7 million in savings divided by \$18.6 million in costs) is \$1.06 in taxpayer savings for every \$1.00 invested in these programs with public and private dollars. The taxpayer ROI, calculated by the total estimated 3-year taxpayer savings (\$19.7 million), divided by estimated annual public dollars invested in faith-based RRJR programs (\$4.1 million), is \$4.77 for every \$1.00 in public (governmental) funding.

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<sup>106</sup> These are referred to by HUD as Transitional Housing beds.

<sup>107</sup> Follow-up can range anywhere from 3 to 24 months, with the average length of follow-up being 12.8 months.

TABLE SE-3: SEATTLE ROI CALCULATIONS

ITEM	REF.	CALCULATION	RESULT
Total estimated annual RRJR program costs for FBOs in Seattle CoC	A	Based on survey sampling of FBO RRJR programs representing 39% of all RRJR beds, as per Seattle HIC.	\$18,637,000
Total estimated number of "successes" per year (individuals completing all or a material part of designated programs)	B	Based on survey sampling of FBO RRJR programs representing 39% of all RRJR beds, as per Seattle HIC.	1,279
Cost per success	A/B	Estimated annual RRJR program cost divided by estimated number of successes	\$14,571
Estimated percent of successes maintaining stable income and housing at follow-up.	C	Based on survey sampling of FBO RRJR programs representing 39% of all RRJR beds, as per Seattle HIC.	78%
Number of successes maintaining stable income and housing at follow-up.	B * C	Total estimated number of successes times the percentage of successes maintaining stable income and housing at follow-up.	993
Total estimated 3-year taxpayer savings.	D	Based on estimated taxpayer savings from RRJR program successes maintaining stable income and housing at follow-up in terms of: increased income tax revenues, reduced drug treatment and healthcare costs, and reduced Child Protective Services costs.	\$19,751,000
Total estimated annual public (i.e., government) dollars invested in faith-based RRJR programs	E	Based on survey sampling of FBO RRJR programs representing 39% of all RRJR beds, as per Seattle HIC.	\$4,137,000
Estimated 3-year taxpayer ROI for faith-based RRJR programs per \$1.00 investment	D / E	Total estimated 3-year taxpayer savings, divided by estimated annual public dollars invested in faith-based RRJR programs.	\$4.77
Total overall estimated 3-year ROI for faith-based RRJR programs per \$1.00 investment	D / A	Total estimated 3-year taxpayer savings, divided by total estimated annual faith-based RRJR program costs	\$1.06



# APPENDIX I:

## GLOSSARY OF ACRONYMS

Abbrev.	Term	Definition
ARC	Adult Rehabilitation Center	The Salvation Army Minneapolis Adult Rehabilitation Center is a long-term, residential rehabilitation program, providing services in the areas of alcohol and drug addiction recovery.
CoC	Continuum of Care	A Continuum of Care is a regional or local planning body that coordinates housing and services funding for homeless families and individuals.
ES	Emergency Shelter	Pursuant to 24 CFR 91.5 [Title 24 Housing and Urban Development; Subtitle A Office of the Secretary, Department of Housing and Urban Development; Part 91 Consolidated Submissions for Community Planning and Development Programs; Subpart A General], the term Emergency Shelter means “any facility with overnight sleeping accommodations, the primary purpose of which is to provide temporary shelter for the homeless in general or for specific populations of the homeless.”
FBO	Faith-Based Organization	For the purposes of this report, an FBO is defined as an organization for which a particular faith (e.g., Christian, Jewish, etc.) serves as the primary motivation to serve individuals and families experiencing homelessness. This definition includes organizations, such as certain gospel rescue missions, which require participation in religious activities (e.g., Bible studies, worship, etc.), organizations that provide religious activities on a voluntary basis, and those organizations that do not provide any type of explicitly religious activities but whose employees are primarily motivated by their faith to serve others.
HIC	Housing Inventory Count	This is data collected through the HUD-sponsored lead CoC agency for a given geographical region. The purposes of the HIC is to provide an inventory of ES, TH, PSH, RRH, et al beds in their region, regardless of whether they receive HUD funding.
HMIS	Homeless Management Information System	A Homeless Management Information System (HMIS) is a local information technology system used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness. Each Continuum of Care is responsible for selecting an HMIS software solution that complies with HUD's data collection, management, and reporting standards.
HUD	US Department of housing and Urban Development	The United States federal department that administers federal programs dealing with better housing and urban renewal; created in 1965.
PIT	Point-In-Time survey	The U.S. Department of Housing and Urban Development (HUD) requires that communities receiving federal funds from the McKinney-Vento Homeless Assistance Grants program conduct a point-in-time count at least every other year. The practical impact of this requirement is that each community in the country must conduct a point-in-time count every other year.
PSH	Permanent Supportive Housing	Permanent Supportive Housing (PSH) is a program that helps eligible people find a permanent home and also get local mental health services but only if and when they need that help. PSH's intent is to boost a person's power to choose their own living arrangements and get services that are flexible based upon the support they need at any given time.
ROI	Return On Investment	A performance measure used to evaluate the efficiency of an investment or to compare the efficiency of a number of different investment.
RRJR	Residential Recovery and Job Readiness	Residential Recovery and Job Readiness programs (RRJR), often referred to as Transitional Housing programs by HUD, generally have longer lengths of stay than Emergency Shelter beds and involve curriculum, mentoring, accountability, and case management, among other things.
TH	Transitional Housing	Pursuant to 24 CFR 91.5 [Title 24 Housing and Urban Development; Subtitle A Office of the Secretary, Department of Housing and Urban Development; Part 91 Consolidated Submissions for Community Planning and Development Programs; Subpart A General], the term Transitional Housing means “a project that is designed to provide housing and appropriate supportive services to homeless persons to facilitate movement to independent living within 24 months, or a longer period approved by HUD. For purposes of the HOME program, there is no HUD-approved time period for moving to independent living.”

## APPENDIX II:

### SUMMARY OF SITE VISITS - FBCO HOMELESSNESS STUDY

#### SITE: INDIANAPOLIS

Date	Name	Title/Org
4/15/16	Susan Solomon	Divisional Social Services Director, Salvation Army
4/15/16	Douglass Hairston	FPA Faith Liaison
4/14/16	Bill Stanczykiewicz	Former FPA Liaison
4/15/16	Greg Ballard	Former Mayor
4/15/16	Various	Various
4/18/18	Chuck Vogt	Fuller Center for Housing of Central Indiana
4/18/16	Alan Witchey	Executive Director, Coalition for Homeless Intervention and Prevention of Greater Indianapolis (CoC lead)
4/18/16	David Bethuram Bill Bickel	Holy Family Shelter Catholic Charities
4/16/16 – 4/18/16	Cal Nelson Colleen Gore William Bumpus	Chief Program Officer Director of Center for Women and Children Director of Shelter for Men

#### SITE: PORTLAND

Date	Name	Title/Org
4/20/16	Numerous FBCO leaders (breakfast)	Miscellaneous
4/20/16	Eric Bauer (and staff)	Executive Director, Portland Rescue Mission
4/20/16	David Whitman	Mission Increase
4/21/16	Margi (last name?)	Catholic Charities
4/22/16	Bill Russell	Executive Director, Union Gospel Mission
4/22/16	Gregg Baker	Executive Director, Blanchet House
4/22/16	Cathy Wiese	Executive Director, My Father's House
5/4/16 (Phone)	Marc Jolin	Portland CoC Coordinator (CoC lead)
9/6/2016 (Phone)	Paul Schroeder	Executive Director, New City Initiative

#### SITE: HOUSTON

Date	Name	Title/Org
5/9/16	Tommy Thompson	Executive Director, Open Door Mission
5/9/16	Cynthia Colbert	Catholic Charities
5/9/16	Hank Rush Beth Nunally	Executive Director/Star of Hope Mission COO/Star of Hope Mission
5/10/16	Leonard Kincaid	Houston Recovery Center/Sobering Center
5/10/16	??	Salvation Army/Harbor Light Facility
5/10/16	Rick Hill	Executive Director/Mission Yahweh
5/10/16	??	Executive Director/Work Faith Connection
5/11/16	Marilyn Brown	Executive Director, Coalition for the Homeless (CoC lead)
5/11/16	Misc. Staff	Star of Hope Data Collection Staff

#### SITE: JACKSONVILLE

Date	Name	Title/Org
5/18/16	Penny Kievet	Executive Director, City Rescue Mission
5/18/16	Ruth Ann Hepler	Development Director, Catholic Charities
5/19/16	Rick Denny	Executive Director, Trinity Rescue Mission
5/19/16	Mark Landschoot	Executive Director, Family Promise
5/19/16	Colleen Reardon	Development Director, Salvation Army
5/19/16	Dawn Gelman	Executive Director, Homeless Coalition (CoC lead)
5/20/16	Mary Strickland	Executive Director, Lutheran Social Services

**SITE: BALTIMORE**

Date	Name	Title/Org
6/1/16	Bob Gehman	Executive Director, Helping Up Missions
6/1/16	Tyra Parker	Director, Weinberg Housing and Resource Center
6/1/16	William McCarthy	Executive Director, Catholic Charities
6/3/16	Gene Hogg	General Secretary, Salvation Army
6/3/16	Rex Foster Tom Bond	Director of Performance Reporting (CC) Director of Programs (GRM)
6/23/16 (Phone)	Rachel Eidelman	Senior Manager, Access Services

**SITE: ATLANTA**

Date	Name	Title/Org
6/6/16	Jim Reese	President/CEO, Atlanta Mission
6/6/16	John Luckett	CEO, the Good Samaritan Health Center
6/6/16	Sgt. Janeane Schmidt	Director, Red Shield Services, Salvation Army
6/7/16	Patricia Smith	Executive Director, Solomon's Temple
7/18/16 (Phone)	Cathryn Marchman	Executive Director, Partners for Home (CoC lead)

**SITE: PHOENIX**

Date	Name	Title/Org
6/13/16	Steve Capobres	Vice-President of Business Development, Catholic Charities
6/13/16	Jay Cory	President & CEO – Phoenix Rescue Mission
6/13/16	David Bridges	Managing Director – Lodestar Center
6/14/16	Ted Taylor	Executive Director – Family Promise of Greater Phoenix
6/14/16	Snow Peabody	Executive State Director - Teen Challenge of Arizona
6/14/16	Brian Steele	Executive Director – Phoenix Dream Center

**SITE: SAN DIEGO**

Date	Name	Title/Org
6/16/16	Herb Johnson	Executive Director, San Diego Mission
6/16/16	Delores Diaz	Executive Director, Regional Task Force on the Homeless
6/16/16	Nikki Watkins	VP of Clinical Programs, San Diego Rescue Mission
6/17/16	Sister RayMonda DuVall	Catholic Charities, Diocese of San Diego
6/17/16	Deacon Jim Vargas	President/CEO, Father Joe's Village

**SITE: SEATTLE**

Date	Name	Title/Org
6/21/16	Willie Parish	Executive Director, Bread of Life Mission
6/21/16	Jeff Lilley	Executive Director, Union Gospel Mission
6/22/16	Major Phillip Smith	Social Services Director, Salvation Army
6/22/16	Lisa Gustaveson	Program Manager, Faith and Family Homelessness Project, Seattle University
6/22/16	Kae Eaton et al (22 people involved in primarily lay-based homeless ministry)	Mental Health Chaplaincy, St. Mark's Episcopal Church
6/23/16	Carol Mullin	Director, Emergency Service, Jewish Family Service
6/23/16	Flo Beaumon	Catholic Housing Services of Western Washington



**SITE: DENVER**

Date	Name	Title/Org
6/30/16	Brad Meuli John Morarie	President/CEO, Denver Rescue Mission Director of Operations and Impact, Denver Rescue Mission
6/30/16	Bennie Milliner	Executive Director, Denver's Road Home
6/30/16	Larry Smith	President and CEO/Catholic Charities of Denver
6/30/16	Tom Luehrs	Executive Director, St. Francis Center
6/30/16	Colonel Dan Starrett	Divisional Commander, Intermountain Region, Salvation Army
7/1/16	Kendall Rames	Executive Director, Urban Peak
7/1/16	Dianna Kunz	President/CEO, VOA Colorado Branch

**SITE: OMAHA**

Date	Name	Title/Org
8/15/16	Steven Frazee Jason Green' Victoria Leuthold	Senior Program Director, Open Door Mission Operation Director, Open Door Mission Development Director, Open Door Mission
8/15/16	Pastor Bruce and Pastor Pat Williams	CEO/COO Glory Ministries/Williams Prepared Place
8/15/16	Mike Hornacek	Executive Director, Together, Inc.
8/15/16	Mike Saklar	President/COE, Siena Francis House
8/16/16	Rick Lechner	Executive Director, Freeway Ministries
8/16/16	Lisa Vukov	Assistant Director, MACCH/CoC
8/16/16	Julie Shrader	Executive Director, Rejuvenating Women
8/16/16	Teela Mickels	Founder/CEO, Compassion in Action
8/16/16	Beth Merkel	inCOMMON Community Development
8/16/16	Pastor Henry Walker	Executive Director, Mohms Place/New Visions
8/16/16	Frances Holeyton	Catholic Charities
8/16/16	Pastor Myron	Abide Ministries/Bridge Church

## APPENDIX III: SELF-SUFFICIENCY OUTCOMES FOR TRANSITIONAL / RESIDENTIAL PROGRAMS

1. Name/Title:
2. Date of Interview/Survey Completion:
3. Organization Name:
4. Project Name:
5. City/State where your program is located:
6. Annual cost for program (do not include any in-kind or volunteer costs): \$\_\_\_
7. What type of needs does this program address (i.e., addictions versus joblessness, etc.)?  
\_\_\_\_\_
8. Estimated percentage of participants in your program that were homeless at the time of enrollment in your program: \_\_\_%
9. Estimated percentage of participants from the indicated city<sup>1</sup>: \_\_\_%
10. *Is there any particular curriculum or program name other than the Project Name above?*  
*If so, please indicate here:* \_\_\_\_\_
11. On average, how many individuals graduate/complete your programming requirements each year? \_\_\_\_\_ (Please give actual # of completers, not percentages)
12. On average, how long (in months) does it take to complete your program requirements (i.e., graduate)? \_\_\_\_\_ months
13. Please list the criteria (e.g., employment, stable housing, etc.) you use as a measure of success for your program participants.  
\_\_\_\_\_  
\_\_\_\_\_
14. Do you conduct any follow-up after graduation? Yes No
15. If Yes, how far after graduation/completion do you follow-up:  
3 months                  6 months                  1 year                  2 years
16. What percent of your completers/graduates have maintained their self-sufficiency (i.e., did not become homeless again)? \_\_\_%
17. Do you receive any government funds? If Yes, roughly what percentage of this program is funded with government dollars? \_\_\_%

<sup>1</sup> The Cities included in this study are: Jacksonville, FL, Atlanta, GA, Baltimore, MD, Detroit, MI, Omaha, NE, Indianapolis, IN, San Diego, CA, Portland, OR, Seattle, WA, Houston, TX, Denver, CO and Phoenix, AZ.

## APPENDIX IV: TECHNICAL NOTE

### *TECHNICAL NOTES ON METHODOLOGY FOR CALCULATION TAXPYAER RETURN ON INVESTMENT FOR FAITH-BASED RESIDENTIAL RECOVERY AND JOB READINESS PROGRAMS*

**Step 1:** The first step in this process was to review the HIC data from the Continuums of Care (CoC) for each of the eleven cities/metropolitan regions<sup>108</sup> to identify how many FBOs provided Transitional Housing (TH) beds. Organizations were identified as FBOs by the same methodology applied in the analysis of Emergency Shelter (ES) beds (see Methodology section).

**Step 2:** Due to the recent decrease in HUD funding of TH beds, we then contacted each lead CoC agency to obtain the most recent information on funding of TH programs and adjusted our numbers accordingly.

**Step 3:** For CoCs that were limited specifically to that city, we adjusted the information we received regarding program completers/graduates based on the estimated percentage of TH program participants that were from that city (i.e., as opposed to coming to them from outlying areas). For example, if the survey indicated that about 80% of the program participants were from that city, we only counted 80% of the program completers/graduates in the final results. In this example, we also would include only 80% of the annual program costs.

**Step 4:** In recognition of the fact that many program participants who don't technically graduate or complete a given TH program can and should, according to many FBO program providers, be considered a 'success' in the sense that they completed most of the program requirements, but for one reason or another had to leave the program early (possibly due to the housing becoming available or a job requiring them to leave the area). To estimate the number of non-graduating/non-completing 'successes', we conducted interviews with a small sampling of FBO TH program providers in Indianapolis (Wheeler Mission Ministries) and Houston (Star of Hope).<sup>109</sup>

One example of a non-completing success was provided by Collen Gore in reference to their TH program for women and children. While the criteria for completion for WMM generally consist in obtaining independent housing, Gore discovered that many women were leaving to go live with family. However, the reason that families were willing to have them was based primarily on the relationship and communication skills they learned from the TH program. Gore and HMM are now re-evaluating their completion criteria to consider this a success as well.

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<sup>108</sup> The catchment areas for the Continuums of Care associated with each city were either city-specific (Atlanta, Baltimore, Indianapolis, and Omaha/Council Bluffs) or were representative of the greater metropolitan area (Denver Houston, Jacksonville, Phoenix, Portland, San Diego, and Seattle).

<sup>109</sup> We applied this 5-month test, in recognition of the need for additional program time in order to be comfortable including this additional category of non-completing successes into our estimations.

Another example, provided by Betty Nunally from Star of Hope Mission in Houston, concerns their graduation criteria that included obtaining a GED. According to Nunally, a number of TH participants entered the program with 4th grade reading levels. Many of these participants were able to increase their reading levels up to 7th or 8th grade by the end of the program, which greatly increases their ability to obtain gainful employment, although not enough to officially graduate from the program.

Applying this broader definition of success to their TH programs, there are about 50% more non-completing successes, as compared with the number of graduates/completers reported by FBOs responding to the survey. Based on this estimate, we then increased the number of graduates/completers provided in the surveys by 50% for all programs with an average length of five months or more.<sup>110</sup>

**Step 5:** The estimated cost per successful outcome is calculated by taking the total annual estimated program cost<sup>111</sup> for FBO-provided RRJR programs in that city and dividing by the total estimated number of successful outcomes.

**Step 6:** In order to provide an estimate for all TH/RRJR programs serving a given city, we then estimated our survey response in terms of the percentage of FBO TH beds that responded to the survey. These results ranged from 81% in Houston to 33% in Phoenix. Assuming that the organizations that did respond in each city were representative of TH program outcomes and costs for all FBO TH programs, we projected the total number of program successes, program costs, etc. based on the proportion of FBO TH programs that provided survey responses.<sup>112</sup>

**Step 7:** Based on our site visit research, we also discovered organizations, such as Teen Challenge and the Salvation Army's Adult Rehabilitation Clinics (ARCs), which included homeless individuals that were not counted in any of the HIC for any of the CoCs serving these eleven cities. For these programs, we asked them to estimate the percentage of individuals that were homeless at the time of enrollment in their residential recovery program. We applied those percentages to both the number of completers/ graduates and the annual program costs and included those results in our estimates.<sup>113</sup>

**Step 8:** We further discounted the number of successes (i.e., completing and non-completing) based on an estimate on the number of successes that maintained self-sufficiency after leaving the program. An impressive 71% of the 80 FBO-provided RRJR programs indicated they did some sort of follow-up with program participants after completion. The follow-up was conducted anywhere from 3 to 24 months after program completion, with an average follow-up of 10.4 months.

<sup>110</sup> We applied this 5-month test, in recognition of the need for additional program time in order to be comfortable including this additional category of non-completing successes into our estimations.

<sup>111</sup> For programs with an average length of stay of more than one year, the program cost was annualized (e.g., if the total program cost was \$100,000 for a 24-month program, the annualized cost for that program would be \$50,000: \$100,000 divided by 2 (24/12)).

<sup>112</sup> We did not have the time or resources in this study to conduct a more rigorous sampling analysis.

<sup>113</sup> Based on a conversation with regional representatives from Salvation Army's ARC programs, we decided not to apply the 50% increase for non-completing successes to any of the ARC programs.

The survey also asked organizations that did do client follow-ups to tell us what percentage of their program completers maintained their self-sufficiency at follow-up. These self-reported results ranged from 10% to 98%, with an overall average of 75% of program completers maintaining self-sufficiency at follow-up. We applied a conservative 70% self-sufficiency rate for the 15 organizations that did conduct client follow-ups.

**Step 9:** FBO respondents were asked both the type of recovery and/or job readiness program they have, as well as the type of outcomes anticipated as a result of program participation (i.e., criteria for successful completion). Based on this information, we allocated one of the following estimates of taxpayer savings for the first three years after program graduation<sup>114</sup> to each program success that had maintained self-sufficiency at follow-up.<sup>115</sup>

- Job Readiness Only: \$11,343 (14 programs, 18%)
- Job Readiness and Family Reunification: \$15,449 (6 programs, 8%)
- Sobriety and Job Readiness: \$21,745 (48 programs, 60%)
- Sobriety, Job Readiness and Family Reunification: \$25,851 (12 programs, 15%)

**Step 10:** FBO respondents were also asked to provide an estimate for the percentage of funding for each TH program with public (i.e., governmental) dollars. Based on our survey results, only 11.6% of total annual program costs were from public sources (\$7.5 million of \$64.4 million in annual program costs). Only 30 of the 80 FBO-provided programs (38%) indicated that they received any public dollars for their RRJR programs.<sup>116</sup>

**Step 11:** The overall 3-year Return On Investment (ROI) for these FBO-provided RRJR programs was calculated, for each city, based on the total projected 3-year taxpayer savings, net of any public dollars, divided by the total annual program costs projected for all the FBO-provided RRJR programs in that particular city.

*NOTE: GIVEN THE LIMITED INFORMATION AVAILABLE FROM EACH ORGANIZATION TO MAKE THESE CALCULATIONS, WE DO NOT INCLUDE, NOR DO WE RECOMMEND, ROI CALCULATIONS BASED ON THIS METHODOLOGY IN ORDER TO DETERMINE PROGRAM-SPECIFIC COSTS PER SUCCESSFUL OUTCOME (Step 5) OR ROI VALUES (Step 11). WE DO BELIEVE, TAKEN ON A AGGREGATE (I.E., CoC-LEVEL) BASIS, THAT COST PER SUCCESSFUL OUTCOME AND 3-YEAR ROI PROJECTIONS AT THIS JUNCTURE PROVIDE A VERY CONSERVATIVE ESTIMATE AS TO THE VALUE PRODUCED BY THESE PROGRAMS, IN COMPARISON TO THE COST FOR THEM TO PROVIDE THESE PROGRAMS.*

**Step 12:** To calculate the ROI against the public dollars invested, we divided the total projected 3-year taxpayer savings by the total public dollars invested TH (RRJR) programs in that particular CoC.

RESULTS FROM SURVEY OF FBO-PROVIDED RESIDENTIAL RECOVERY AND JOB READINESS PROGRAMS IN THE ELEVEN STUDY CITIES

<sup>114</sup> We did not have sufficient resources in this study to project savings beyond the first three years after completion.

<sup>115</sup> Please refer to the Methodology section of the report for a more detailed explanation of the sources for these estimates.

<sup>116</sup> Note that these values are strictly from the FBOs completing the survey results and do not match the results presented in the findings section (i.e., findings #9 and #10). The findings values are projections based on the percentage of TH beds in a given CoC that are represented by survey respondents, and are therefore larger than the actual totals shown here.

Site	Organization	Program	In HIC?	ALOS (months)	Average # of Completers per year	Completers + Successes	Annual Program Cost	Follow-up (months after completion)	% maintaining outcomes	# of Individuals maintaining at follow-up	Estimated 3-year Taxpayer Savings Per Successful Outcome	Total Estimated Taxpayer savings	% public dollars	Estimated Public Dollars
AT	Salvation Army	Veils on the Move	Y	3	89	89.00	\$890,000	12	77%	68.5	\$21,745	\$1,490,185	100%	\$890,000
AT	Salvation Army	Supportive Emergency Men	Y	6	7.5	11.25	\$105,000	12	75%	8.4	\$11,343	\$95,707	20%	\$21,000
AT	Jesus Set the Captive Free	Newness of Life	Y	24	22.5	33.75	\$18,750	24	50%	16.9	\$15,449	\$260,702	100%	\$18,750
AT	Salvation Army	Fulton County Single Men	Y	3	20	20.00	\$25,000	12	10%	2.0	\$21,745	\$43,490	70%	\$17,500
AT	Salvation Army	Re - Entry	Y	3	8.75	8.75	\$10,000	12	75%	6.6	\$11,343	\$74,438	75%	\$7,500
AT	Salvation Army	Fulton County Single Women	Y	3	10	10.00	\$10,000	12	10%	1.0	\$21,745	\$21,745	70%	\$7,000
AT	Salvation Army	Supportive Emergency Women	Y	6	10	15.00	\$87,500	12	25%	3.8	\$11,343	\$42,536	7%	\$6,125
AT	Salvation Army	Special Needs/ Savings	Y	6	7.2	10.80	\$10,000	3	70%	7.6	\$21,745	\$164,392	0%	\$0
AT	City of Refuge	Eden Village	Y	5	130.8	196.20	\$383,977	6	80%	157.0	\$11,343	\$1,780,397	0%	\$0
AT	Salvation Army	Dorm Monitor	Y	9	1	1.50	\$2,500	12	75%	1.1	\$11,343	\$12,761	0%	\$0
AT	Trinity Community Ministries	Trinity House /Big Bethel	Y	10	38	57.00	\$470,400	12	65%	37.1	\$21,745	\$805,652	0%	\$0
AT	Salvation Army	Adult Rehabilitation Center	N	6	66.3	66.30	\$210,630	N/A	70%	46.4	\$21,745	\$1,009,185	0%	\$0
AT	Atlanta Mission	My Sister's House	Y	12	75	112.50	\$1,106,139	N/A	70%	78.8	\$21,745	\$1,712,419	0%	\$0
BA	At Jacob's Well	AJW Transitional to Permanent Housing Program	Y	15	20	30.00	\$321,995	6	90%	27.0	\$15,449	\$417,123	42%	\$135,238
BA	Catholic Charities	My Sister's Place Lodge	Y	12	25	37.50	\$550,000	24	85%	31.9	\$21,745	\$693,122	16%	\$88,000
BA	Catholic Charities	Christopher's Place	Y	6	28	42.00	\$100,000	12	85%	35.7	\$11,343	\$404,945	0%	\$0
BA	Catholic Charities	Project Fresh Start	Y	24	3	4.50	\$22,750	12	75%	3.4	\$25,851	\$87,247	0%	\$0
BA	Helping Up Mission	Spiritual Recovery Program	Y	12	60	90.00	\$4,300,000	N/A	70%	63.0	\$21,745	\$1,369,935	0%	\$0
DE	Catholic Charities	Samaritan House Grant and Per Diem	Y	9	255	382.50	\$1,060,015	N/A	70%	267.8	\$11,343	\$3,037,088	100%	\$1,060,015
DE	Volunteers of America Colorado Branch	Women Veterans Program	Y	9	33	49.50	\$286,000	6	80%	39.6	\$11,344	\$449,222	82%	\$234,520
DE	Catholic Charities	Courtyard Commons Grant Per Diem	Y	11	12	18.00	\$47,641	N/A	70%	12.6	\$11,343	\$142,922	100%	\$47,641
DE	Joshua Station	Residential Recovery	Y	24	8	12.00	\$435,000	12	70%	8.4	\$11,343	\$95,281	0%	\$0
DE	Denver Rescue Mission	New Life Program	Y	18	70	105.00	\$3,124,731	12	86%	90.3	\$21,745	\$1,963,574	0%	\$0
DE	Denver Rescue Mission	STAR	Y	18	15	22.50	\$1,657,100	12	93%	20.9	\$21,745	\$455,014	0%	\$0
DE	Salvation Army	AFC	N	9	143.5	143.50	\$1,244,858	N/A	70%	100.5	\$21,745	\$2,184,285	0%	\$0
Hou	Catholic Charities	Villa Guadalupe	Y	5	45	67.50	\$650,000	3	80%	54.0	\$25,851	\$1,395,954	76%	\$494,000
Hou	Salvation Army	Harbor Light Center/Red Shield Lodge	Y	4.5	75.66	75.66	\$448,991	6	70%	53.0	\$21,745	\$1,151,659	100%	\$448,991
Hou	Star of Hope	Spiritual Recovery	Y	10	40	60.00	\$783,456	12	70%	42.0	\$21,745	\$913,290	0%	\$0
Hou	Star of Hope	MDC Work Program	Y	12	76	114.00	\$783,456	12	70%	79.8	\$11,343	\$905,171	0%	\$0
Hou	Star of Hope	Transitional Living Center	Y	12	87	130.50	\$2,458,820	12	70%	91.4	\$21,745	\$1,986,406	0%	\$0
Hou	Salvation Army	Adult Rehabilitation Center	N	6	95.2	95.20	\$6,400,000	12	80%	76.2	\$21,745	\$1,656,099	0%	\$0

Site	Organization	Program	In HIC?	ALOS (months)	Average # of Completers per year	Completers + Successes	Annual Program Cost	Follow-up (months after completion)	% maintaining outcomes	# of Individuals maintaining at follow-up	Estimated 3-year Taxpayer Savings Per Successful Outcome	Total Estimated Taxpayer savings	% public dollars	Estimated Public Dollars
Hou	The Mission of Yahweh	Workforce Integration Now (WINN)	Y	3	14	14.00	\$96,400	N/A	70%	9.8	\$11,343	\$111,161	0%	\$0
Hou	Salvation Army	Sally's House	Y	12	29.4	44.10	\$342,204	N/A	70%	30.9	\$21,745	\$671,268	0%	\$0
IN	Wheeler Mission Ministries	Higher Ground	Y	3	20	20.00	\$165,918	12	98%	19.6	\$25,851	\$506,680		\$0
IN	Wheeler Mission Ministries	Addictions/ ACTS	Y	9	55	82.50	\$786,000	12	98%	80.9	\$21,745	\$1,758,083		\$0
IN	Wheeler Mission Ministries	STEPS I & II/ ACTS	Y	3	67	67.00	\$406,000	12	98%	65.7	\$11,343	\$744,781		\$0
IN	Salvation Army of Central Indiana	ARC	N	9	56	56.00	\$3,854,000	N/A	70%	39.2	\$21,745	\$852,404		\$0
JA	Trinity Rescue Mission	Lifeline – Women & Children	Y	9	35	52.50	\$137,200	N/A	70%	36.8	\$25,851	\$950,024	15%	\$20,580
JA	Trinity Rescue Mission	Lifeline – Single Women	Y	9	20	30.00	\$137,200	N/A	70%	21.0	\$21,745	\$456,645	15%	\$20,580
JA	Trinity Rescue Mission	Freedom Farm	Y	14	40	60.00	\$68,571	N/A	70%	42.0	\$21,745	\$913,290	15%	\$10,286
JA	Salvation Army	Adult Rehabilitation Center	N	6	97.5	97.50	\$3,250,000	6	80%	78.0	\$21,745	\$1,696,110	0%	\$0
JA	Teen Challenge	Jacksonville's Men and Women	N	13	6.3	6.30	\$52,920	9	90%	5.7	\$21,745	\$123,294	0%	\$0
JA	City Rescue Mission	LifeBuilder's (Women)	Y	18	16	24.00	\$198,400	12	70%	16.8	\$25,851	\$434,297	0%	\$0
JA	City Rescue Mission	LifeBuilder's (Men)	Y	16	40.5	60.75	\$337,424	24	70%	42.5	\$21,745	\$924,706	0%	\$0
JA	Trinity Rescue Mission	Men's Transitional Housing	Y	18	13	19.50	\$36,667	N/A	70%	13.7	\$21,745	\$296,819	0%	\$0
OM	Sierra/Francis House	Miracles Treatment Program	Y	6.5	65.025	97.54	\$867,000	N/A	70%	68.3	\$21,745	\$1,484,667	15%	\$130,050
OM	Hope Of Glory	William's Prepared Place	Y	9	35	52.50	\$200,000	N/A	70%	36.8	\$21,745	\$799,129	50%	\$100,000
OM	Open Door Mission	Lydia House, Rebuilding Lives Center, Garland Thompson Men's Center	Y	10	45	67.50	\$3,600,000	3	92%	62.1	\$21,745	\$1,350,365	0%	\$0
OM	Freeway Ministries	Freeway Discipleship	N	12	75	50.00	\$100,000	12	70%	35.0	\$21,745	\$761,075	0%	\$0
OM	Salvation Army	ARC	N	9	37	37.00	\$377,404	N/A	70%	25.9	\$21,745	\$563,196	0%	\$0
PH	Catholic Charities		Y	4	120	120.00	\$627,436	6	85%	102.0	\$11,343	\$1,156,986	58%	\$363,913
PH	Phoenix Dream Center	Human Trafficking Program	Y	15	20.16	30.24	\$243,199	15	92%	27.8	\$21,745	\$604,963	15%	\$36,480
PH	Teen Challenge	Teen Challenge of Arizona	N	13	34.8	34.80	\$703,475	6	86%	29.9	\$21,745	\$650,784	0%	\$0
PH	Phoenix Dream Center	Christian Discipleship Program	Y	15	180.12	270.18	\$775,350	12	84%	227.0	\$21,745	\$4,935,054	0%	\$0
PH	Phoenix Dream Center	Foster Care Program	Y	9	7.2	10.80	\$97,146	12	67%	7.2	\$21,745	\$157,347	0%	\$0
PH	Phoenix Dream Center	Single Adult Transitional Living Program	Y	24	4.5	6.75	\$18,566	12	72%	4.9	\$21,745	\$105,681	0%	\$0

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PH	Phoenix Rescue Mission	Solutions Program	Y	3	130	130.00	\$460,000	N/A	70%	91.0	\$11,343	\$1,032,213	0%	\$0
PH	Salvation Army	ARC	N	9	120	120.00	\$1,214,396	N/A	70%	84.0	\$21,745	\$1,826,580	0%	\$0
PO	Salvation Army	West Women's and Children's Shelter	Y	5	114.3	171.45	\$1,429,919	12	85%	145.7	\$15,449	\$2,251,421	60%	\$857,951
PO	Salvation Army	Veterans and Family Center (VFC)	Y	7	177	265.50	\$1,125,000	6	85%	225.7	\$21,745	\$4,907,303	60%	\$675,000
PO	Blanchet House of Hospitality	4th Floor Transitional Living	Y	7	100	150.00	\$390,000	3	70%	105.0	\$21,745	\$2,283,225	0%	\$0
PO	Teen Challenge	Portland Campus Adult & Teen Challenge	N	12	7.2	7.20	\$13,500	4	95%	6.8	\$21,745	\$148,736	0%	\$0
PO	Union Gospel Mission (UGM)	LifeChange	N	25	15.84	15.84	\$706,857	12	84%	13.3	\$21,745	\$289,330	0%	\$0
PO	Blanchet House of Hospitality	Transitional Living	Y	7	100	150.00	\$390,000	N/A	70%	105.0	\$21,745	\$2,283,225	0%	\$0
PO	Salvation Army	ARC	N	9	304	304.00	\$2,635,657	N/A	70%	212.8	\$21,745	\$4,627,336	0%	\$0
SD	Salvation Army	Door of Hope	Y	12	50	75.00	\$563,435	24	92%	69.0	\$11,343	\$782,667	33%	\$185,934
SD	San Diego Rescue Mission	San Diego Rescue Mission	Y	12	76	114.00	\$1,668,927	24	10%	11.4	\$25,851	\$294,701	0%	\$0
SD	Salvation Army	ARC	N	9	57.6	57.60	\$657,434	N/A	70%	40.3	\$21,745	\$876,758	0%	\$0
SE	Salvation Army	Veteran Transition Program	Y	10	42	63.00	\$657,626	N/A	70%	44.1	\$21,745	\$958,955	72%	\$473,491
SE	Salvation Army	Bridges to Housing	Y	7	60	90.00	\$502,000	6	95%	85.5	\$15,449	\$1,320,890	87%	\$436,740
SE	Catholic Community Services	Michael's Place	Y	8	30	45.00	\$286,590	24	95%	42.8	\$11,343	\$484,913	91%	\$260,797
SE	Salvation Army	Transitional Living Program	Y	11	42	63.00	\$465,515	N/A	70%	44.1	\$21,745	\$958,955	52%	\$242,068
SE	Salvation Army	Hickman House	Y	10	10	15.00	\$500,000	24	77%	11.6	\$15,449	\$178,436	37%	\$185,000
SE	Catholic Community Services	Aldercrest	Y	24	1	1.50	\$16,500	12	80%	1.2	\$25,851	\$31,021	92%	\$15,180
SE	Catholic Community Services	Spirit Journey	Y	24	3	4.50	\$47,500	12	80%	3.6	\$25,851	\$93,064	0%	\$0
SE	Seattle's Union Gospel Mission	Riverton Place & MMRP	Y	12	47.5	71.25	\$1,995,000	24	67%	47.7	\$21,745	\$1,038,052	0%	\$0
SE	Seattle's Union Gospel Mission	Hope Place	Y	10	22.75	34.13	\$975,000	24	69%	23.5	\$25,851	\$608,694	0%	\$0
SE	Seattle's Union Gospel Mission	NovoSMART Home&Son Rise House	Y	18	12	18.00	\$69,000	24	90%	16.2	\$25,851	\$418,786	0%	\$0
SE	Seattle's Union Gospel Mission	Hope Place, Novo, SMART Home et al	Y	10	35	52.50	\$1,500,000	24	73%	38.3	\$25,851	\$990,740	0%	\$0
SE	Salvation Army	ARC	N	9	104.5	104.50	\$650,015	24	70%	73.2	\$21,745	\$1,590,647	0%	\$0
				<b>Average</b>	<b>4.373</b>	<b>5.646</b>	<b>\$64,403,059</b>	<b>12.8</b>	<b>75%</b>	<b>4.203</b>	<b>\$19,706</b>	<b>\$80,107,404</b>	<b>11.6%</b>	<b>\$7,490,329</b>
				<b>Total</b>	<b>4.373</b>	<b>5.646</b>	<b>\$64,403,059</b>	<b>12.8</b>	<b>75%</b>	<b>4.203</b>	<b>\$19,706</b>	<b>\$80,107,404</b>	<b>11.6%</b>	<b>\$7,490,329</b>
				<b>Average</b>										
				<b>Total</b>										



## ABOUT THE AUTHORS

**Byron Johnson** is Distinguished Professor of the Social Sciences at Baylor University. He is the founding director of the Baylor Institute for Studies of Religion (ISR) as well as director of the Program on Prosocial Behavior. Johnson has just completed a series of studies on Boy Scouts and Eagle Scouts and is launching a longitudinal study of Boy Scouts in collaboration with colleagues at Tufts University. Professor Johnson was the principal investigator on a recent project funded by the Department of Justice to produce a series of empirical studies on the role of religion in prosocial youth behavior. He is a former member of the Coordinating Council for Juvenile Justice and Delinquency Prevention (Presidential Appointment). A leading authority on the scientific study of religion, the efficacy of faith-based organizations, and criminal justice, Johnson's recent publications focus on the impact of faith-based programs on recidivism reduction and prisoner reentry, and is the emphasis of his book, *More God, Less Crime*. Before joining the faculty at Baylor University, Johnson directed research centers at Vanderbilt University and the University of Pennsylvania. He is the 2013 Big Brother of the Year for Big Brothers Big Sisters Lone Star of Texas.

**Alfreda Alvarez** currently serves as a Principal for Harvest Home Institute, LLC. Ms. Alvarez-Wubbenhorst worked in a variety of capacities with faith-based and community programs funded through the US Departments of Labor and Health and Human Services, for whom she served as a grant review panelist. Ms. Alvarez-Wubbenhorst has also received training and earned numerous certifications to enhance her work with a wide-ranging array of nonprofits – largely serving as a facilitator, advocate and trainer. Previously, Ms. Alvarez-Wubbenhorst served as an evaluator of faith-based and community organizations funded by the US Department of Labor. Ms. Alvarez-Wubbenhorst also worked on a project, also funded through the US Department of Labor, to integrate faith-based and community-based organizations into local Workforce Investment Boards at two selected pilot sites in Memphis and Milwaukee. In addition to these work experiences, Ms. Alvarez-Wubbenhorst has also been a social entrepreneur and program development specialist with an extensive history of training and organizing at the grass-roots level. She is skilled in facilitating collaborative partnerships between local government and faith-based/community-based organizations. As co-founder of Sterling Sparrow consulting, she co-authored two articles, published through the Center for Public Justice, entitled *Charitable Choice in Massachusetts: An Untapped Resource* - uncredited - (2000), and *The Pitfalls of Contracts for Funding Faith-Based Ministries* (1998). She also received acknowledgements in a case study published by Baylor University's Institute for Studies of Religion in 2015 entitled: *Multi-State Mentoring Research and The Center for Neighborhood Enterprise's Violence-Free Zone Initiative*.

**William Wubbenhorst** served a total of 13 years as a Senior Management Consultant and Return On Investment (ROI) Specialist for ICF International and Macro International. He also serves as a Non-Resident Fellow for the Institute for Studies of Religion (ISR) at Baylor University. Over the years, William Wubbenhorst has collaborated with professors from several prestigious academic institutions, including Baylor University, Boston University and Harvard University. He has published a variety of peer-reviewed journal publications and case studies. He co-authored *Demonstrating the Value of Social Service Programs: A Simplified Approach to Calculating Return on Investment* -- a peer-reviewed article, published in the *Foundation Journal* (September 2010). Mr. Wubbenhorst co-authored an article entitled: *Assessing the Effectiveness of the Violence Free Zone in Milwaukee Public Schools*, published in the *Journal of Knowledge and Best Practices in Juvenile Justice & Psychology* (2013). Additionally, two recent case studies were published through the Baylor Institute for Studies of Religion entitled: *Community Transformation in West Dallas: A Sustained Collective Between Churches* in 2012, and *Multi-State Mentoring Research: The Center for Neighborhood Enterprise's Violence-Free Zone (VFZ) Initiative*. Other recent Baylor ISR publications related to prisoner re-entry and recidivism include: *Recidivism Reduction and Return On Investment: An Empirical Assessment of the Prison Entrepreneurship Program* (2013), *Stronger Families, Stronger Society: An Analysis of the RIDGE Project, Inc.* (2014).



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